



# Payroll Action Request

Online (Manual) Check       Pay on next regular paycheck cycle

Submit completed form to Financial Services – Payroll fax: 480.965.0554 or eFax to your Payroll Representative.

**Staff Directory:** [cfo.asu.edu/fs-payrollstaff](http://cfo.asu.edu/fs-payrollstaff)    **Payroll Representative:** \_\_\_\_\_

- Include the supporting documents, employee timesheet (if applicable).
- Requests over \$25,000 need VP/Provost approval.

Department will be notified when the check is ready to be picked up at the University Service Building (USB).

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

Record Number: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Position Number: \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Code: \_\_\_\_\_

Check appropriate employee classification:

Student

Faculty

University Staff/Classified

GA/RA/TA

### If Non-exempt Employee, please complete this section:

Position Number	Earnings Code	Date To Be Adjusted	Hours To Be Adjusted	Hourly Rate

### If Exempt employee, please complete this section:

Position Number	Earnings Code	Date To Be Adjusted	Hours To Be Adjusted	Amount

### Reason For Payment:

Prepared By/Contact: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Phone: \_\_\_\_\_

\_\_\_\_\_  
Date

Account Signer Approval: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Phone: \_\_\_\_\_

\_\_\_\_\_  
Date

### Dean/Director/VP/Provost (if required):

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature