**REQUEST FOR PAYROLL CORRECTION CHECK**

Check Distribution Point \_\_\_\_\_\_\_\_\_\_

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EPICS# (Entered by Payroll)\_\_\_\_\_\_\_\_\_\_\_

Reason for Request: (must be completed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affected Pay Period(s) \_\_\_\_\_\_\_\_\_\_\_\_ Gross Amount Requested \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Departmental Business Officer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Dean/Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departmental Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_Ext.\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Amount Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to reimburse the University by authorizing a deduction from my next regular paycheck, by personal check or money order if it cannot be deducted from that paycheck. I hereby certify that the proper officials of West Virginia University can endorse my name on certain check(s) made payable to my order as attorney-in-fact. Furthermore, I assign unto West VirginiaUniversity all of my right, title and interest in said Check(s) to the amount of obligation to the University.

\*Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ given under my hand this \_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_ (Month/Year)

Acceptance: I acknowledge receipt of a check for the “Amount Approved” above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internal Use Only:

ACH/Check # \_\_\_\_\_\_\_\_\_\_ACH/Check Date \_\_\_\_\_\_\_\_\_\_\_ Net Amount \_\_\_\_\_\_\_\_\_\_\_

\*Request will not be processed without required signatures.

GL String: 11.151020001.11306875.1302011.999.999999999