

EMERGENCY PAYCHECK REQUEST

Date:		Department Name:		
EMPLOYEE INFORMATION				
☐ Bi-Weekly ☐ Monthly	Campus:	Circle One STW OKC TUL CHS OKM	Supervisor Name:	
Employee ID:		Employee Name:		
REASON FOR EMERGENCY	PAYCHECK	REQUEST		
Provide a detailed explanat	ion:			
REQUIRED DOCUMENTATION	ON AND PF	REPARER ATTESTATION		
timesheets, an Exception to Norm affirm that any documents related and I have notified payroll not to to avoid duplicate payments.	nal Pay (ENP) d to this payr process thos	form for missed pay (paper for ment that have been submitted e documents. I will not submit	umentation and support including employee and nonly for both monthly and bi-weekly paid emplo to payroll separately for future or current payrolls any payment documents separately from those at	yees), etc. I further have been recalled
PREPARER:Print Nar			Signature	Date
EMPLOYEE FINANCIAL HAR	DSHIP			
By signing below, I understa scheduled payroll and need		•	hardship and cannot wait for the next reg	;ularly
EMPLOYEE:				
Print Nar Email from employee's ok		mail address indicating finan	Signature cial hardship is attached in lieu of signature	Date
APPROVAL SIGNATURES				
FISCAL OFFICER:			Signature	 Date
DEAN/			5,5,	24.0
VICE PRESIDENT:			Signature	
PIIII	INGILIC		Signature	Date

Email the completed form and supporting documentation to payroll.services@okstate.edu Include "EPR" and the employee's Banner ID and name in the subject line.

ALLOW 1-4 BUSINESS DAYS FOR PROCESSING