OSU *Payroll Services*

REQUEST TO REMOVE EMPLOYEE FROM PAYROLL

Date: _____   Department Name: _____

EMPLOYEE INFORMATION

Employee ID: _____   Employee Name: _____

Employee is paid: ☐ Bi-Weekly   ☐ Monthly   Paycheck Date: _____

Reason: _____

_____

POSITION INFORMATION

POSITION #	HOURLY RATE	HOURS

*Attach separate sheet if more position spaces are needed.

APPROVAL SIGNATURES

Requester:

Print Name: _____

Signature: _____   Date: _____

Fiscal Officer:

Print Name: _____

Signature: _____   Date: _____

EMAIL COMPLETED FORM TO PAYROLL.SERVICES@OKSTATE.EDU

Payroll Services will email confirmation of removal.