

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 Virginia University 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