RUSH CHECK REQUEST DUE TO ADMINISTRATIVE ERROR For Medical Center & Campus Bi-weekly Employees

Administrative delay rush check payments are to pay employees who did not receive pay on their regularly scheduled payday due to late notice, miscalculated pay or processing errors. This form is only to be used to pay BIWEEKLY paid employees. To request administrative delay payments for monthly paid campus employee please use the form located at this link.

Requests:

SECTION I –Completed by the DEPARTMENT

- Must be received by **11:00am in the HBS Processing Center** for same-day processing and next-business-day paper check pick-up. Requests received after 11:00am will be processed the following business day.
- Direct deposit payments will be sent to the employee's bank account by the third business day after the process date, and will be posted subject to that financial institution's posting deadline.

Instructions:								
Complete a history timesheet in HBSComplete section I of this form and s	ava tha farm as a	Mard document						
☐ Submit form to HBS Processing Center				edetr oral				
☐ Notify the employee of when the par					applicable	deductions an	d taxes will be wi	thheld.
FORM SUBMITTED BY	oer erreen er am eet	deposit iiii se	a rama brej	arra criac arr	аррисавие		a taxes tim se ti	erri crar
Name		Phone Number		Email				
EMPLOYEE INFORMATION								
Employee Name		Employee ID #		Home Department Name and Dept ID:				
, . ,		F - 7						
REQUEST INFORMATION								
Bi-Weekly Pay Period Start & End Dates		# of Hours Date		Check Needed		Pay Disposition		
bi weekiy i ay i choa start & Ena ba	tes # C	51 110u13	Date C	TICCK IVCCC	acu .	i dy Dispositi	OII	
Comments:								
If Paper Check Requested, Select Del	ivery Method							
Check pickup by Employee	Check pickup by Department Name:							
(Photo ID Required)	(Specify Department Contact) Phone:							
Check is to be mailed by FEDEX	Name:	City/State:						
(USPS is not allowed)	Address:	FedEx Acct #(Required):						
Check cannot be picked-up by preparer or	approver for inter	rnal controls pur	poses. All	checks pick	ed up at M	CB 425 Recept	ion Desk.	
SECTION II –Completed by HBS PROC								
Instructions: Print, sign, and fax to Campu	ıs Payroll 415-920	-2513 along with	n screen p	rint of the H	IBS retro re	esults.		
REQUEST PROCESSED BY		Phone Number		Processing Date				
HBSPC Preparer		Phone Num	Dei P		Frocessing Date			
Pay Period, Amounts and Pay Dates (Refer to Screen	Print for HBS F	Retro Res	ults)				
HBS Pay Option (Should Be Manual Pay):								
Authorization (HBSPC Supervisor):								
Drinted News	6.							
Printed Name	Signa	gnature '			Date			
SECTION III Completed by Dermall C								
SECTION III – Completed by Payroll So	ervices	Ι,	Povious	d by				
Processed by		I	Reviewed	ya u				
	,				-			
Date Processed:	_	RCA Screen:	OPT1		Liabilit	y Account:	16084	
Net Amount:	C	heck #						