UCSF CAMPUS PAYROLL SERVICES
RUSH CHECK REQUEST DUE TO ADMINISTRATIVE ERROR

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 MONTHLY paid campus employees**. To request an administrative delay payment for a Medical Center employee or a biweekly-paid campus employee whose time is submitted through HBS, you must contact the HBS Processing Center. **This completed form must be submitted to Campus Payroll Services either via the secure e-fax number provided below or as an e-mail attachment to the address below.**

Requests:
- Must be received by 2:00pm for same-day processing and next-business-day paper check pick-up. Requests received after 2pm 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 section I of this form
- † Provide pay Information on the *UPAY 644D-2A: Time Reporting Adjustment Worksheet*
- † Submit this form along with the UPAY 644D-2A to Campus Payroll (by e-fax: 415/920-2513 or scan and send as attachment to: payrollprocessing@ucsf.edu)
- † Notify the employee of when the paper check or direct deposit will be available, and that all applicable deductions and taxes will be withheld.

Section I

Employee Name: _____ Employee ID Number: _____

Pay Disposition (choose only one):
† Direct Deposit (only if employee is already setup for Direct Deposit in OLPPS)
† Produce Paper Check

Check Pick-up Notification (Pick-Up location is Mission Center Building, Suite 425):
- † Check is to be picked up by EMPLOYEE (must have photo identification matching payee name)
- † Check is to be picked up by DEPARTMENT (cannot be picked-up by preparer or approver for internal controls purposes):
    Check Handler Name: _____
    Phone Number: _____
- † Check is to be MAILED by FEDEX (USPS is not allowed):
    Name: _____
    Address: _____
    City/State: _____
    FedEx Account Number (required): ___ ___ ___ ___ ___ ___ ___ ___ ___

UCSF

University of California
San Francisco

Campus Payroll
Box 0815 - eFax 415-920-2513
1855 Folsom Street, Suite 425
San Francisco, CA 94143-0815
PayrollProcessing@ucsf.edu

Prepared By (Printed Name): _____ Preparer Signature: _____
Approved By (Printed Name): _____ Approver Signature: _____
Department Name: _____ Dept ID: _____
Phone Number: _____ Request Date: _____

Payroll Use Only

Date Processed:		ORCA Screen:	OPT1	Liability Account:	16084
Net Amt:		Check #:			
Processed by:			Reviewed by:		