

University Of Florida  
University Payroll Services  
Emergency Check Request

Date of Request: \_\_\_\_\_

Department ID: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's ID #: \_\_\_\_\_

Please answer the following questions:

1. Why was this employee not paid in a timely fashion?

2. What steps do you intend to take to avoid this type of delay in the future?

This employee has expressed it would be a financial hardship for them to wait until the following pay period to be paid.

Employee's Designated Time Approver: \_\_\_\_\_  
Name

Employee's Designated Time Approver: \_\_\_\_\_  
Signature

Preparer's name and phone # \_\_\_\_\_

PLEASE \*Fax Or Return this 2-Page Form to:

Finance and Accounting  
University Payroll & Tax Services  
PO Box 113201 – 33 Tigert Hall  
Gainesville, FL 32611-3201  
Fax Number: (352) 846-0166

**\*If faxed do not send a hard copy**

**University of Florida  
University Payroll Services  
Emergency Check Request Sheet**

DEPT ID# \_\_\_\_\_

Employee ID #	Pay Group	Name	Emp Rec #	TRC (must be completed)	FTE	Hours	Rate	Amount Due	Pay Period (exempt) Pay week (non-exempt) Start and End Dates

If the department is requesting emergency payment of time worked for a non-exempt (hourly) employee, you may be asked by Payroll Services to delete previously entered time in order to avoid a duplicate payment for the same hours on the next on-cycle payroll. When the department is asked to delete time worked, whether in Punch or Elapsed, for non-exempt employees, it is the department's responsibility to ask the employee to enter the deleted time on a time card. The time card must be signed by the employee and the supervisor.

**DISTRIBUTION:**

**Original:** Retain in Department File

**Copy:** Fax to Payroll & Tax Services – 352-846-0166

For Payroll Services Use Only: **T & Labor Verification**\_\_\_\_\_

**Distribution:**\_\_\_\_\_

I confirm that the employee listed hereon is performing the duties as required by his/her authorized positions and should be paid from the account(s) as indicated. I will notify the Payroll Office immediately of any pay discrepancy so that appropriate adjustments can be made before warrants are delivered to the banks or departments. I also confirm that appropriate time and attendance records are being maintained for the employee listed.

\_\_\_\_\_  
**EMPLOYEES DESIGNATED TIME APPROVER**