OREGON HEALTH & SCIENCE UNIVERSITY

Central Financial Services, Payroll Office
Phone: (503) 494-8103 Fax: (503) 346-6839

REQUEST FOR SPECIAL MANUAL CHECK

Employee Name _____ ID Number _____

For Pay Period #: _____ Dept Org. #: _____

Dept Contact _____Phone #: _____

☐ Mail check or ☐ Send to cashier's office

Per the OHSU Timekeeping and Payroll Policy No. 03-30-090. This special check request totals more than one-half of the employee's bi-weekly gross earnings, and is considered a hardship.

Reason for Special Check: (Please check one)

Personnel Action Form was not received in HR Records by the deadline.
Employee failed to clock appropriately.
Timekeeper failed to enter corrections in the Kronos Timekeeping system before deadline.

Indicate the pay codes and hours the employee was NOT paid.

DATE	DAY	PAY CODE	HOURS	PAY CODE	HOURS	PAY CODE	HOURS

Employee Signature _____ Date: _____

Dept Manager Signature _____ Date: _____

*This form requires both signatures to process. **Employee will receive email notification when check is processed.**
Please fax all required forms to (503) 346-6839. ATTN: Mary Justice

*Payroll Manager Approval Signature:*_____