



Office of Sponsored Programs

REQUEST FOR A PAYROLL HAND CHECK

Employee Information:

Full Name: _____

Banner ID #: _____ Banner Position Number: _____

Payment Information:

Request Date: _____ Department Name: _____

If appropriate attach the timesheet or MHOT used to show payment needed, other wise provide the following information:

FOAP				Gross Salary Amount to Pay

Form Prepared By: _____

Phone Number: _____

Reason For Request:

Approvals:

PI / Department Manager Signature Date

OSP Payroll Approval Date