



GENERAL INFORMATION

HOME DEPT: _____ HOME UNIT: _____ EMPL ID NUM: _____ EMPLOYEE NAME: _____ APPT ID: _____
 PAY ENTITY: _____ LAST MO OF HI ELIGIBILITY: _____ LAST DAY WORKED: _____ BARGAINING UNIT: _____

REASON FOR REQUEST

Final Pay / Terminal Pay (D990 Added?)

Replaces Pay Period Ending (PPE)

PPE _____
 PPE _____
 W4 Changed
 Direct Deposit Mail
 Term Leave Pay Taxed at 22% (form attached)
 EE Requested Deferred Comp Contribution from
 Final/Term Leave Pay

Special Request

DOCUMENT(S) CREATED

DOCUMENT	DOCUMENT #:	DOCUMENT	DOCUMENT #:
OTDED	_____	_____	_____
OTPAY	_____	_____	_____
PEND	_____	_____	_____
TADJ	_____	_____	_____
TIMEI	_____	_____	_____

PREPARED BY: _____ EMPL ID NUM: _____ PHONE: _____ DATE: _____
 PAYROLL SERVICES/AGENCY HR: _____ APPROVED BY: _____ DATE: _____

DIVISION OF FINANCE USE ONLY

DOCUMENT	DOCUMENT #	DATE	CODE	AMOUNT
NHAP	_____	_____	_____	_____
OTDED	_____	_____	_____	_____
OTPAY	_____	_____	_____	_____
STRG	_____	_____	_____	_____

TRIGGER TYPE: _____ WARRANT #: _____ NET AMOUNT: _____
 Advance Replacement By Pay Type
 _____ Multiple Payments

VERIFIED: _____ PROCESSED BY: _____ DATE: _____
 OCHK PENDING DEDUCTIONS
 LEAVE HOLD
 NHAP _____
 APPROVED BY: _____ DATE: _____