



## 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

Federal W/H Tax at 25% on Lump Sum (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                      \_\_\_\_\_ DATE: \_\_\_\_\_