Date Request Submitted to Payroll

☐ **New Request**   ☐ **Change to Original Request**   ☐ **Cancellation of Request**

Employee Name   **GEMS ID**   **Job Record**

Telephone   **Email**

Pay Period Allowance to be Paid   **Pay Ending Date**

Allowance Amount Requested   **Combo Code**

(must have 50450 GL)

Department Name   **Department Number**

Department Contact   **Email**

Employee Signature & Date

Dean/Director Signature & Date