

Request Date

Company

Pay Period End Date

Pay Group

Employee Name

GEMS ID

Emp Record Number

Department Number

Department Contact

Telephone/Email

Reason for Request

Single Pay Period Covered

OR

Check Here For Multiple Pay Periods*

***For multiple pay periods, please break out the hours applicable to each week.**

Total Hours to be Paid

Regular

Overtime

FTE

Number of Hours

Number of Hours

Gross Amount of Check

Combo Code Override

Rate of Pay

Hourly

Salary

REQUIRED

Other

Prepared by

Date

Signature

Approved by

Date

Signature

*****Checks are mailed to the employee's home address as it appears in GEMS.*****