DHR-CC4036
04/08

DHHS AGENCY CHECK REQUEST FORM

APPROVAL	
Justification: *(Fully explain reason for request, including hardship, etc*	
Date Check Is Needed:	Next Payroll Date Employee Can Be Paid:
Name of Employee:	
Employee SS #:	Amount of Check:
Coding: Account/Center Combination (where employee is paid from):	
Requesting Agency:	Authorized Signature:
Employee's Employing Agency, if Different From Requesting Agency:	
Human Resources Approval:	Date:

CHECK ISSUANCE	
[FOR CONTROLLER'S OFFICE ONLY] *If employee is picking up the check, has HR office faxed a copy of the signed waiver beforehand?* *If response is NO, see the Controller or Chief of GA/FM before approving this request.*	
Controller's Office Approval:	Date:
Person and Phone Number to Call When Check is Ready:	

EMPLOYEE WAIVER	
Your signature below acknowledges the receipt of agency check number _____ in the amount of $_____ for time worked and shows your agreement to reimburse (agency name) _____ this amount in full when you are paid your first/next payroll paycheck on (date) _____. Under no circumstances can repayment be delayed past your first/next payroll issued paycheck or any other amount than the full amount owed.	
Employee Signature:	Date:
Human Resources Contact: Controller's Office Contact:	Date:

Copy to: HR Office – Employee's Folder
Budget Office
Controller's Office