

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PAYROLL SECTION**

EMPLOYEE PAY FORM

**USE FORM TO PAY EMPLOYEE WHEN HE/SHE IS DUE
LESS THAN MONTHLY PAY RATE.**

UNIT I.D. _____

EMPLOYEE NAME _____

SOCIAL SECURITY NO. _____

EMPLOYEE POSITION NO. _____

NUMBER OF DAYS, HOURS,
AND MINUTES TO BE PAID _____

REASON FOR PAYMENT _____

DATE & TIME CALLED IN _____

AUTHORIZED SIGNATURE _____

**** THIS FORM SHOULD BE COMPLETED, SIGNED AND FORWARDED TO
THE PAYROLL OFFICE PER DATE APPLICABLE ON YOUR CURRENT TIME
SCHEDULE. IN ORDER TO MEET PAYROLL DEADLINES, THE FORM MAY
BE **FAXED** TO THE PAYROLL OFFICE.**

