

COE COLLEGE

REQUEST FOR PAYROLL CHECK FORM

Requests are due no later than 10 days prior to the employee's normal payroll date.*

PAY TO: _____
Legal Name

DATE: _____

ID # (If student) _____

Date or Date Range Work Performed	Description	ACCOUNT #			Estimated # Hours Worked **	Total Pay (Must be = or greater than est. hrs x \$7.25)
		XXX	XXXX	XXXXX		
CHECK TOTAL						

REQUESTED BY: _____

APPROVED BY: _____
(Budget Officer/Department Head)

** Estimated hours worked MUST be included for all payment requests. *Requests without this information will be returned and not processed.*

* Payroll Dates:

Faculty full and part-time

Administration full and part-time

Full-time Staff

Coaches full and part-time

Last working day of each month

Last working day of each month

Last working day of each month

Last working day of each month