



Payroll

Finance & Administration

UNIVERSITY OF GEORGIA

Request for Emergency Check

Date: _____

PLEASE ISSUE AN EMERGENCY PAYROLL CHECK FOR THE FOLLOWING PERSON

Name: _____ ÁNÓCÓC FÝÁDÁ

Department Name: _____ Department Number: _____

Pay Type: (Hourly, Monthly, Academic, etc. _____)

Pay Date: _____

Account Number(s): _____

If Monthly - Gross pay for pay period: _____

If Salaried/Hourly - Hourly rate: _____ Hours worked - week 1: _____ week 2: _____

Reason for payroll loan check request: _____

Please email this form and the employee's personnel report to payroll@uga.edu or fax to 706-542-6779.

By signing this form I acknowledge that I am responsible for back paying the above employee on the next payroll.

Signature: _____

Printed Name: _____

Email Address: _____

Phone Number: _____

For Payroll Use Only

Approved: _____

Date: _____