THE STATE UNIVERSITY OF NEW JERSEY

RUTGERS

CAMDEN CAMPUS

INTEROFFICE MEMO

Date: _____

TO: Rosa Rivera, Director – Financial Services

FROM: Name_____

Department_____

Authorized Signature_____

SUBJECT: Emergency Payroll
Payment for: _____
(Print or type Employee's Full Name)

We request that your office issue an emergency payroll check for the employee listed above. In accordance with established procedures, the following information is provided, along with appropriate attachments:

Please type or print clearly.

Employee Type 5 Code Only_____

Employee's SS#: _____

Department: _____

Account # to be Charged: _____

Period Requested: _____

Hours Worked: _____

Rate of Pay per Hour: _____

Gross Amount Earned Multiplied BY 70% = AMOUNT OF REQUESTED Advance _____

Effective Date of Hire _____

Reason Employee was not paid in timely manner: _____

Attachment (check all that apply) _____PAF _____TRF _____PDR
_____Other_____