

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 Code _____

Employee's SS#: _____

Department: _____

Account # to be Charged: _____

Period Requested: _____

Hours Worked: _____

Rate of Pay per Hour: _____

**Gross Amount Earned Multiplied
BY 60% = 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 _____