

NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

REQUEST FOR SUBSTITUTE PAY

This request may be used in those instances in which the approved personnel action form was received by the payroll office too late for the employee to be placed on the regular payroll.

Employee Name: _____ SSN: _____

Budget Code: _____ Date Employee Reported: _____

Justification for request: _____

Department Chairman or Supervisor _____ Date _____

Dean of School or Director _____ Date _____

Vice Chancellor _____ Date _____

AGREEMENT TO REPAY

In consideration of this substitute pay payment. I hereby authorize North Carolina A & T State University to withhold the payment from my next payroll check.

Employee: _____ Date: _____

Witnessed: _____ Date: _____

For Payroll Office Use Only

Substitute Pay: _____ Date: _____

Authorized Salary: _____

Authorized Payment: _____

Check Number: _____

Account Number: _____

Repayment of Substitute Pay:

Date: _____

Deposit Amount: _____

Account Number: _____

Receipt Number: _____

I authorize N. C. A & T State University to negotiate my payroll check without further endorsement from me to reimburse this indebtedness.

Witness

Signature

Date