



Payroll Payment Request

Instructions: This form is used to submit a request for payment to a biweekly or monthly paid employee for vacation time off payouts upon termination, FLSA Comp Time payouts, and other special circumstances. Please read the instructions in each section and complete all fields that apply. If your request is for death benefits/final payment for a deceased employee, use the Death Benefit & Final Wages (for biweekly employees) or Death Benefit & Final Salary form (for monthly paid employees). **Privacy Notice:** State law requires that you be informed that you are entitled to: (1) request to be informed about information collected about you on this form (with a few exceptions as provided by law); (2) receive and review the information, & (3) have information corrected at no charge. To request information, contact Payroll using the information at the bottom of this form.

Employee name:	Position #:	UIN:
Sup Org. name:	Sup Org #:	
Date worked from:	Date worked thru:	
If submitting this request for vacation/holiday payout to a monthly paid employee, calculate an hourly rate to be used below: Monthly salary: _____ x 12 / 2080 = _____		

VACATION/HOLIDAY PAYOUT

Attach the Before Adjustment & After Adjustment Time Off Balance Reports to verify the number of hours to be paid, and the zero balance in Workday.

Vacation hours due: _____	Holiday hours due: _____	Total combined vacation / holiday hours: _____
Number of hours to be paid _____ x Hourly rate _____ = _____ Gross vacation/holiday payout		
TDA/DCP Deferral Requested: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach TDA/DCP One Time Lump Sum Deferral Form)		
Note: Maximum number of vacation hours is 784. Calculation of holiday hours due begins the day after last day worked in the eligible position and goes forward in time to include any holidays falling within the time frame of the employee's available vacation hours. To determine holiday pay eligibility, refer to System Regulation 31.04.01 Sec. 3.		
All lump sum payouts will be processed on a biweekly payroll following the employee's final regular hourly or salary pay.		
Costing Allocation(s): _____		
(Costing Allocation is required for Faculty payout—Dept or College is 100% responsible; staff is paid using ACAP funds.)		

FLSA COMP TIME PAYOUT – To be used if comp time off cannot be granted.

Attach the Before Adjustment & After Adjustment Time Off Balance Reports to verify the # of hours to be paid and the reduced/zero balance in Workday.

Hours to be paid: _____	Hourly rate at time of payout: _____	Gross pay due: _____
Costing Allocation(s): _____		
MISC PAYMENT—To be used for special circumstances and is not a guarantee Payroll will be able to approve or accommodate your request.		
Common uses of this section include paying missed hours more than 3 pay periods back, dual-employed staff with missed retro hours, paying both FLSA & State Comp Time (state comp time listed in this section), and extra pay previously approved in Workday to terminated or retired employees. Other special circumstances must be discussed beforehand with Payroll before submitting the request and may require additional forms and documentation.		
Number of hours to be paid: _____ Hourly rate: _____ Gross pay due: _____		
Reason: _____		
Costing Allocation(s): _____		

EXPLANATION – For audit purposes, enter a detailed description or reason(s) for the pay requested in all sections of this form.

I certify that I am acquainted with the employee listed on this form or that I have received necessary details from persons privy to & technically qualified to substantiate effort distribution, & that to the best of my knowledge the employee is entitled to the payment shown on this form & that distribution of pay between departments & projects is true, correct and properly presented by the percentage of effort indicated. I ensure that appropriate time off has been taken by the employee in accordance with relevant University time off requirements while performing additional work. Any exceptions are indicated by explanatory note.

Created by – Print Name _____

Created by – Signature _____

Date _____

Approved by – Print Name _____

Approved by – Signature _____

Date _____

FOR QUESTIONS OR TO SUBMIT: payroll@tamu.edu or Fax: 979-845-4134