



REQUEST FOR PAYROLL CORRECTION CHECK

Check Distribution Point _____

Name: _____

SS#: _____

Home Address: _____

EE#: _____

Reason for Request: (must be completed) _____

Affected Pay Period(s): _____ Gross Amount Requested: _____

*Departmental Business Officer Signature _____

*Dean/Director Signature _____

Departmental Contact: _____ Phone: _____ Ext.: _____

Email: _____

Payroll Representative Signature _____ Date: _____

Amount Approved _____

I agree to reimburse the University by authorizing a deduction from my next regular paycheck, by personal check or money order if it cannot be deducted from that paycheck. I hereby certify that the proper officials of West Virginia University can endorse my name on certain check(s) made payable to my order as attorney-in-fact. Furthermore, I assign unto West Virginia University all of my right, title and interest in said Check(s) to the amount of obligation to the University.

*Employee Signature _____ given under my hand this ____ day of _____ (Month/Year)

Internal Use Only:

ACH/Check # _____ ACH/Check Date _____ Net Amount _____

***Request will not be processed without required signatures.**

GL String: 11.151020001.11306875.1302011.999.999999999

WVU Payroll and Employee Processing,
One Waterfront Place, PO Box 6005,
Morgantown, WV 26506-6005
Phone: 304.293.3379
Fax: 304.293.7266