



ON-DEMAND CHECK REQUEST

Employee Name (Print Name) _____ Employee Number _____ Cost Center Hierarchy Level 5 – Name and ID # (KSOM Only, CCH Level 7)
 [Example: USC Dornsife College of Letters, Arts and Sciences, CCH00059]

Position Number _____ Hourly Rate/Monthly Rate _____ Pay Group _____

HR/Payroll Analyst **OR** Authorized Dept. Rep (Print Name) _____ Phone Number _____

Reason:

<input type="checkbox"/> Salary Advance	<input type="checkbox"/> Unofficial	<input type="checkbox"/> Overtime
<input type="checkbox"/> Overtime	<input type="checkbox"/> UCAS Scholar	<input type="checkbox"/> Unofficial
<input type="checkbox"/> CE	<input type="checkbox"/> Deduction Refund	
<input type="checkbox"/> Other		

DUPLICATE

Payment Election Direct Deposit* Paper Check
 (*NOTE: Direct Deposit may take up to 3 banking days to reach accounts.)

Comments: _____

Total Gross Amount Due: _____
For Work Study ODCR Only, enter Work Study Award Amount Remaining: _____

Payment Computations				
Earning (Base, Core, Allowance, Stipend, etc)	Program, Project, Grant, or Gift (PPGG)** / Cost Center ID (For Work Study, leave BLANK) [Example: PG100640/ CA101673]	Rate (Monthly /Hourly)	Number of Hours	Total Due

**1 per line

Authorization:

 HR/Payroll Analyst Signature Date Authorized Department Rep. Signature Date

DO NOT WRITE BELOW THIS LINE

Payroll Services _____ Date _____ Check Number: _____
 Date Check Issued: _____
 Payroll Partner: _____