



*EIN:

*Dept / Unit:

Send completed form to:
DAS/Finance - Attention: Payroll
P.O. Box 141031
Salt Lake City, Utah 84114-1031
FAX: (385) 465-6012
Email: payroll@utah.gov

*Name:

Address:

City:

Zip Code:

State:

Employee Phone:

PAYROLL WARRANT REQUEST

Questions concerning Payroll Warrant Requests should be directed to the DOF/Payroll Section at (801) 957-7770.

*Dept Name:

*Division:

*Pay Period:

Unit:

Distribution Code:

Prepared By:

Date:

MM/DD/YYYY

MM/DD/YYYY

Hours Description	Hours	Hourly Rate	Amount
Regular			
Overtime			
Annual			
Comp			
Converted Sick			
Excess			
Holiday			
Sick			
Other			
Total Hourly Pay			

Other Pay Description	Amount
Annual Payout	
Converted Sick Payout	
Sick Payout	
Other Pay: (List)	
Total Other Pay	
Gross Pay	

DISBURSEMENT OF WARRANT: MAIL CHECK - DATE MAILED:
 MAIL CHECK IN ATTACHED ENVELOPE - DATE MAILED:
 CHECK WILL BE PICKED UP

WHEN WARRANT IS READY CALL: _____ PHONE# _____

Please explain why this payroll warrant is necessary:

*Fields Required to Submit Form

I hereby certify that the amounts on this form are due and payable to the employee identified herein.

*Authorized Signature

Date

*Submitted Date

Warrant:

Date:

Amount:

Received by:

Signature Required