FI 15 07/2020
Division of Finance

Clear Form

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

***EIN:** _____ ***Dept / Unit:** _____

***Name:** _____

Address: _____

City: _____ State: _____

Zip Code: _____ 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:** _____ MM/DD/YYYY

Unit: _____ Distribution Code: _____ Prepared By: _____ Date: _____ MM/DD/YYYY

Hours Description	Hours	Hourly Rate	Amount
Regular			$0.00
Overtime			$0.00
Annual			$0.00
Comp			$0.00
Converted Sick			$0.00
Excess			$0.00
Holiday			$0.00
Sick			$0.00
Other			$0.00
		Total Hourly Pay	$0.00

Other Pay Description	Amount
Annual Payout	
Converted Sick Payout	
Sick Payout	
Other Pay: (List)	
Total Other Pay	$0.00
Gross Pay	$0.00

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