



\*EIN:

\*Dept / Unit:

**Mail or FAX completed form to:**

DAS/Finance - Attention: Payroll  
2110 State Office Building  
Salt Lake City, Utah 84114-1031  
FAX: (801) 538-3244

\*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) 538-3056.

\*Dept Name:

\*Division:

\*Pay Period:

MM/DD/YYYY

Unit:

Distribution Code:

Prepared By:

Date:

MM/DD/YYYY

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

Other Pay Description	Amount
Annual Payout	
Converted Sick Payout	
Sick Payout	
Other Pay: (List)	
<b>Total Other Pay</b>	
<b>Gross Pay</b>	

**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