



REQUEST FOR PAYMENT

A Request for Payment must be submitted before a supplemental payment will be issued. The Request for Payment must be signed and returned to the payroll department (with the appropriate documentation) as soon as possible.

**Supplemental Payment may cause a delay
due to manual processing.**

For Payroll Use Only:

Date: _____

Amount: _____

Payroll #: _____

DD #: _____

Payroll Phone: 281-998-6309

Payroll Fax: 281-998-6329

Email to: payroll@sjcd.edu

Employee Name: _____

G#: _____

Department: _____

Campus: _____

Reason for Payment:

- Timesheet not submitted by deadline
- Timesheet not approved by deadline
- Timesheet not available in SOS (include hours on a manual timesheet)
- Time not entered by deadline
- Other _____

Include a screenshot of electronic timesheet from SOS

No. Hours	Rate	Fund	Org	Account	Program	Activity

1) Payment requested by: _____ Ext#: _____ Date: _____
Printed Name

Signature

2) Supervisor approval: _____ Ext#: _____ Date: _____
Printed Name

Signature

Supplemental payments may take five to eight business days to process.