



Office of the Controller - Payroll
Administration Bldg. Room 138
Ph. (561) 297-6401
Fax (561) 297-1062
<http://wfau.edu/controller/payroll>

Payroll Payment Request

DATE: _____

NAME: _____ Z# _____

DEPT. NAME: _____

POSITION #: _____

DEPT. CONTACT PERSON: _____ TELEPHONE#: _____

ADMINISTRATIVE FEE \$25: TAG # _____ SPEND CATEGORY: _____

AUTHORIZED SIGNATURE: _____

(MUST BE SIGNED BY AUTHORIZED MANAGER/DEPT. HEAD)

REASON(S):

NOTE:

1. Please complete all blanks with relevant data
2. Ensure that hours are submitted and approved in Workday for all hourly employees
3. Ensure that contract and compensation dates are correct in Workday for all employees
4. Fax or email this form to expedite processing; Fax 561-297-1062 or fau_payroll@fau.edu

Please note that all payment requests will be processed via direct deposit, which may take 2-3 days business days to process to the employee's bank account.

If requesting a paper check, please check box:

APPROVED: _____ DATE: _____

(ASSISTANT CONTROLLER)