



School of Osteopathic Medicine

**OUT-OF-TITLE/PAYROLL REQUEST FOR CHECK FORM
NON-FACULTY STAFF ONLY**

Employee Name: _____	Banner ID#: _____		
Out of Title Dept: _____	Extension: _____		
Dates Worked: _____			
# Hours or Shift Worked: _____	Rate/Hr. or Other Approved Payment Amount: _____	Check Amount: _____	
Fund: _____	Org/Index: _____	% _____	Banner Admin/Org #: _____
Fund: _____	Org/Index: _____	% _____	Banner Admin/Org #: _____
Fund: _____	Org/Index: _____	% _____	Banner Admin/Org #: _____
APPROVALS			
Supervisor: _____	Department Head: _____		
Signature: _____	Signature: _____		

- Instructions:**
1. Requesting Department completes form, signed by Department Head.
 2. Department must attach Request for Out-of-Title Work/Approval Form with each Request for Check.