

# Emergency Payroll Request Form

**Date:** \_\_\_\_\_

**TO:** Mail: Payroll, 1560 ASB  
Email: payroll@iastate.edu  
or  
Fax: 294-6470

**All emergency requests will be charged a \$50 processing fee.**

Please charge account \_\_\_\_\_

This cannot be a 4XX or 704 account.

**FROM:** Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_

Campus Address \_\_\_\_\_ Campus 4-digit ZIP \_\_\_\_\_

Departmental Signature \_\_\_\_\_

**Pay Requested for:** \_\_\_\_\_ University ID Number \_\_\_\_\_

**NOTE:** Payroll must receive the Emergency Request Form and the Electronic Personnel Action (EPA) two work days prior to payday in order to have a deposit to the employee's account on payday. Otherwise, Payroll will process the Emergency Request within two days of receipt of both forms. The originator is responsible for making sure the EPA reaches Payroll.

**For hourly pay,** enter the hours into the Hourly Time (HT) system.

Enter dept code that hours are input under: (ie. 12345) \_\_\_\_\_ Work period missed: \_\_\_\_\_

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## TO BE COMPLETED BY EMPLOYEE

### Method of payment:

- Direct Deposit as currently elected
- Mail check to address below (allow an extra day due to mail delivery)

\_\_\_\_\_  
Employee signature (required)

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## FOR PAYROLL USE ONLY