



COLLIN COUNTY COMMUNITY COLLEGE DISTRICT  
Exception Pay Request

Originator: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Assignment Title: \_\_\_\_\_

Division: \_\_\_\_\_ Campus: \_\_\_ CPC \_\_\_ SCC \_\_\_ CYC \_\_\_ PRC \_\_\_ CHEC

Amount Due: \_\_\_\_\_

Position No-Suffix: \_\_\_\_\_ Org Number: \_\_\_\_\_ Account No: \_\_\_\_\_

Reason for check request: (If for Instruction, give course name, section #, days, and times.) Attach relevant documentation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor/Dean Date

\_\_\_\_\_  
Area Vice President Date

**PAYROLL USE ONLY**

\_\_\_\_\_  
Payroll Manager

\_\_\_\_\_  
District Vice President of Administrative Services/  
Chief Financial Officer