COLLIN COUNTY COMMUNITY COLLEGE DISTRICT
SUPPLEMENTAL CHECK REQUEST

Originator: _____ Date: _____

Employee Name: _____ CWID:_____

Assignment Title: _____

Division:_____ Campus: ___ CPC ___ SCC ___ CYC ___ PRC___ CHEC

Organization Number: _____ Account Number: _____

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

_____

_____

_____

_____

_____ _____

Supervisor/Dean Date Area Vice President Date

All Supplemental Checks will be direct deposited

PAYROLL USE ONLY

_____ _____

Payroll Manager District Vice President of Administrative Services/ Chief Financial Officer