COLLIN COUNTY COMMUNITY COLLEGE DISTRICT
SUPPLEMENTAL CHECK REQUEST

Originator:_____ Date:_____

Employee Name:_____ SS#:_____

Assignment Title:_____

Division:_____ Campus: ___ CPC ___ SCC ___ CYC ___ PRC

Cost Center:_____ Account:_____

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

_____   Check #:_____
Payroll Manager

                                                             Date Issued:_____

Calculations: Initials:_____

Routing (Please check one):   <u>Campus</u>   <u>Division</u>

                            CPC _____   _____
SUBMIT DIRECTLY TO   SCC _____   _____
PAYROLL   CYC _____   _____
                            PRC _____   _____

DISTRIBUTION: White - Payroll; Canary - Originator