



UNIVERSITY HOSPITAL

Newark, New Jersey

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

| | | | |
|---------------------------------|--|------------------------|-----------------------------------|
| Employee Name: _____ | | Hospital ID#: _____ | |
| Out of Title Dept: _____ | | Extension: _____ | |
| | | | |
| Dates Worked: _____ | | | |
| # Hours or Shift Worked: _____ | Rate/Hr. or Other Approved Payment Amount: _____ | Check Amount: _____ | |
| Earnings Code: 190 _____ | Fund: _____ | Org/Index: _____ | % _____ Banner Admin/Org #: _____ |
| Earnings Code: 190 _____ | Fund: _____ | Org/Index: _____ | % _____ Banner Admin/Org #: _____ |
| Earnings Code: 190 _____ | 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.