



ROWAN UNIVERSITY

School of Osteopathic Medicine

Payroll Department
"Serving RowanSOM"

PAYROLL CHECK REQUEST FORM

Requestor Name	Department	Building	Room #	Telephone #
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Please pay the following individual as indicated:

Name of Employee: _____ Employee ID#: _____

Fund #	Org #	Account #	Program #	Hours: _____	Rate: _____
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Amount: _____

Reason for payment: _____

Employee Signature: _____

Supervisor/Dept. Head Name: _____ Signature: _____

Budget Approval Name: _____ Signature: _____

NOTE: NOT TO BE USE for Out-of-Title Work
[Click here for RowanSOM Out-of-Title Form](#)

**PLEASE SUBMIT ORIGINAL COMPLETED FORM TO THE PAYROLL DEPARTMENT,
BOLE HALL, 201 MULLICA HILL ROAD, GLASSBORO, NJ 08028.
IF YOU HAVE ANY QUESTIONS, PLEASE CALL (856) 256-4166**