



	ayment of a pay shortage o		must complete this form and submit it to e pay shortage.	
Last Name:			First Name:	
UMID:	Classification Title:		Department:	
Date:		Number of pay shortage hours:		
Date:		Number of pay shortage hours:		
Date:		Number of pay shortage hours:		
A Mor	y pay shortage payment as incompanday direct deposit to my desi	gnated account cons	istent with the Central Payroll cutoffs.	
except for pa			s days after the pay shortage request is received, nas/New Year Holidays. In these cases, payment	
EMPLOYEE SIGNATURE:			DATE SUBMITTED:	
SUPERVISOR SIGNATURE:			DATE RECEIVED:	
FOR OFFICE USE ONLY:				
Date pay shortage is processed:				
Paycheck date shortage is to be paid:				
Notes:				