

Prepared by the Disbursing Office
This replaces Administrative Procedure No. A8.872
dated July 1982

A8.872
March 2006

A8.800 Disbursing/Preaudit and Payroll

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A8.872 Emergency (Priority) Payroll

1. Purpose

To promulgate procedures for processing emergency payroll payments. These procedures apply to employees who would normally be paid through the University payroll system and will not be receiving a paycheck on their scheduled payday.

This priority payment is a temporary loan drawn from the department's operating funds. Repayment of the loan will take place when the employee receives his/her first scheduled payment. The repayment will be made through an authorized salary assignment.

2. Procedures

- a. The employing agency or department should submit a request for an emergency payroll. The request should provide information on the circumstances leading to this request. Furthermore, the request should include what corrective actions are to be taken to prevent future recurrences.
- b. The request must be approved by the appropriate Dean or Chancellor before transmittal to the Director of Disbursing. The request must be supported by a copy of an approved PNF, Form 6 or Student Work Agreement to verify the employment.
- c. If approved, the Disbursing Office Payroll Section will provide the fiscal officer with the amount of the payment (gross pay, less tax and other deductions) that will be given the employee (Exhibit A).
- d. The fiscal officer will submit the following documents:

- 1) FMIS-2, Authorization for Payment Form (AFP) (Exhibit B). The payee is the employee. Attach a copy of the Net Pay Worksheet Priority Payroll.
- 2) Completed Salary Assignment/Cancellation (SA Form D-60) (Exhibit C) to repay the priority payment from the employee's subsequent gross payroll. This must be signed by the employee to receive the emergency payroll.
- 3) Form 37, Special Check Distribution Request (Exhibit D). Mark the Special Handle box and the contact is UH Payroll Office.

e. The following forms are available at:

<http://www.fmo.hawaii.edu/fmis/formfair.html>

- | | |
|-----------|---|
| Exhibit A | Net Pay Worksheet Priority Payroll |
| Exhibit B | FMIS-2 Authorization for Payment
(PDF fillable form) |
| Exhibit C | SAF D-60 Salary Assignment/Cancellation |
| Exhibit D | FMIS-37 Special Check Distribution
(PDF fillable form) |

2006 NET PAY WORKSHEET PRIORITY PAYROLL

NAME	RET		1	
SS NO.	FICA		<u>C</u>	
PAYROLL NO.	MARITAL ST		<u>M</u>	
WD CODE	*FED EX		<u>00</u>	
DATE PAID	*STATE EX		<u>00</u>	
	*(Exempt = 999)	EMPL BUS EXP		<u>0.00</u>
	** (Affects FICA Only)	**WAGES-IN-KIND		<u>0.00</u>
 <u>GROSS SALARY</u>		0.00	PAY PD	<u>1</u>
SOCIAL SECURITY		0.00		
MEDICARE		0.00		
FEDERAL TAX		0.00		
STATE TAX		0.00		
RETIREMENT		0.00		
ADD'L RETIREMENT (AR)				
ANNUITY (AP)				
PTS DEFERRED COMP (DC 015)		0.00		
DEFERRED COMP (DC 001)				
***Indicate "PCP" if appropriate	***MEDICAL	<u>PCP</u>		
	***PRESCRIPTION	<u>PCP</u>		
	***VISION	<u>PCP</u>		
	***ADULT DENTAL	<u>PCP</u>		
FLEX MED (FM)				
FLEX FEE (FA)				
PRE-TAX PARKING (TB)				
STATUTORY DUES (SD)				
CREDIT UNION (CU)				
AP FEE (AF)				
EMPLOYEE ORGANIZATION (EO)				
OTHER				
TOTAL DEDUCTIONS		0.00		
NET PAY		0.00		

FMIS-2

CAMPUS: SW

DATE: 03 / 30 / 06
 (MM/DD/YY)

**UNIVERSITY OF HAWAII
 AUTHORIZATION FOR PAYMENT FORM**

DOCUMENT NUMBER
A 003414

PAYEE'S NAME (Last Name, First Name, Middle Initial) Smith, John Jr.		UH ID# 111-22-3333	
PERMANENT ADDRESS: 1402 Manoa Rd. CITY: <u>Honolulu</u> STATE: <u>HI</u> ZIP CODE: <u>96822</u>		IF PAYMENT IS TO AN INDIVIDUAL, CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> Regular Employee <input checked="" type="checkbox"/> Non-regular employee (SCOPIS) <input type="checkbox"/> Non-Employee	
DEPARTMENT Financial Management Office			

VOUCHER NO.	VENDOR CODE	ACCOUNT CODE	SUBCODE	TYPE	P/F/N	AMOUNT
		134316	7101	0 ↓	N	500.00
					TOTAL	\$ 500.00

DESCRIPTION OF GOODS/SERVICES AND REASONS FOR PAYMENT : (include pertinent information such as nature of payment, period covered, compensation, receipts/invoice numbers, etc.)

Priority payroll for John Smith Jr for the period 02/16/2006 through 03/15/2006.

As contractually authorized, all the materials, supplies and services have been received in good order and condition.

_____ / ____ / _____ AUTHORIZED SIGNATURE OF	_____ / ____ / _____ DATE	_____ DEPARTMENT/UNIT	_____ TELEPHONE
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APPROVED BY: _____ 03 / 25 / 06
 APPROVING AUTHORITY DATE


_____ 03 / 26 / 06 068
 FISCAL OFFICER DATE F.O. CODE

CENTRAL OFFICE USE ONLY

SPECIAL CENTRAL OFFICE APPROVAL _____ / ____ / _____
 APPROVING AUTHORITY DATE

READ INSTRUCTIONS ON REVERSE SIDE CAREFULLY

**FILL OUT FORM WITH REQUIRED INFORMATION COMPLETELY
 (USE TYPEWRITER, OR PRINT WITH BALL POINT PEN WITH HEAVY IMPRESSION)**

STATE OF HAWAII		SALARY ASSIGNMENT/CANCELLATION			Payroll No/WD code		
DEPARTMENT University of Hawaii				SUB-DIVISION OR SCHOOL Department			
FORM NO.	SOCIAL SECURITY NO.	LAST NAME, FIRST NAME, MIDDLE INITIAL	TYPE	AGENT	PLAN	I.D. NO.	DEPT.
	XXX XX XXXX	DOE, John	PP	006			F
THE UNDERSIGNED HEREBY: <input checked="" type="checkbox"/> ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR <input type="checkbox"/> CANCELS				FOR AGENCY USE			
(CHECK ONE BOX ONLY, IF "ASSIGNS") <input checked="" type="checkbox"/> \$ 1000.00 THE FIRST MONTH AND \$ _____ EACH MONTH THEREAFTER <input type="checkbox"/> PERCENT EACH MONTH _____ % <input type="checkbox"/> MY NET WAGES				• EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES 03 / 01 / 06 <small>MONTH DAY YEAR</small> • WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO <small>MONTH DAY YEAR</small> • WHEN MY COMMITMENT OF \$ 500.00 IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.			
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION				TYPE AGENT'S NAME, BRANCH, ADDRESS AND ZIP CODE HERE			
XX-XX-XX <small>DATE</small>		 <small>EMPLOYEE OR AUTHORIZED SIGNATURE</small>		XX-XX-XX <small>DATE</small>		<small>AUTHORIZED SIGNATURE OF ASSIGNEE</small>	
						TOTAL	

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-60
 JANUARY 1, 2000 (REVISED)

FMIS-37

CAMPUS: SW

UNIVERSITY OF HAWAII
SPECIAL CHECK DISTRIBUTION REQUEST

DATE: 03 / 30 / 06
(MM/DD/YY)

DOCUMENT NUMBER
 A056101

VENDOR NAME
SMITH, JOHN JR.

AMOUNT
\$ 500.00

Enclosure

(NOTE: Staple FMIS-37 in front of copy of enclosure(s). Staple the PO, invoices, etc. together. Then staple the FMIS-37 & enclosure set in front of the PO, invoice, etc. set.)

Special Handle

Contact: UH PAYROLL OFFICE

Phone: 956-7444

(NOTES: 1. Special Handle checks will be held in the department's daily pick-up envelope at Clerical Section window. 2. Staple FMIS-37 in front of PO, invoice, etc.)

DEPARTMENT: FMO

APPROVED BY: _____
Fiscal Office Staff

04/01/06 068
Date FO Code