A. A **Special Payroll Request Form** needs to be completed for each employee requesting payment on the special payroll. (See sample.) **Special Payroll Request Forms** can be obtained from the Business Services website. The completed form must be received by Payroll at Business Services by the last business day of the month to be paid on the last payroll of the following month.

B. The **Special Payroll Request Form** should be completed as follows:

1. **NAME:** The full name of the employee requesting payment on the special payroll.
2. **DATE:** The date on which the form is being completed.
3. **CPS ID #:** The CPS ID number of the employee requesting payment on the special payroll.
4. **SCHOOL/DEPARTMENT:** The employee's school name or department name.
5. **DATE(S)/DETAILED DESCRIPTION OF WORK PERFORMED:** The date and detailed description of work performed.
6. **HOUR CODE:** Codes are listed on the back of the Special Payroll Request Form, or can be found on the Business Services website with the form.
7. **# OF HOURS:** The number of hours worked.
8. **ACCOUNT CODE:** The key and object account codes from which the funds for the pay will be obtained. (See Appendix E.)
9. **HOURLY RATE:** The hourly rate to be paid.
10. **TOTAL:** The total amount for the work performed each date.
11. **TOTAL:** The total amount of the check (sum of total amounts in #10 above).
12. **SUPERVISOR’S NAME:** The typed or printed name of the employee’s supervisor.
13. **SUPERVISOR’S SIGNATURE:** The employee’s supervisor must sign & date the **Special Payroll Request Form**, indicating approval of the request.
### SPECIAL PAYROLL REQUEST FORM

<table>
<thead>
<tr>
<th>Date</th>
<th>Detailed Description of Work Performed</th>
<th>Hour Code</th>
<th># of Hours</th>
<th>ACCOUNT CODE</th>
<th>Hourly Rate</th>
<th>Total</th>
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</table>

**TOTAL**

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**COLUMBIA PUBLIC SCHOOL DISTRICT**

**SPECIAL PAYROLL REQUEST FORM**

**NAME:** ______________________________  **DATE:** __________________________

**CPS ID #:** ___________________________  **SCHOOL/DEPARTMENT:** ______________________________

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**SUPERVISOR'S NAME:** ___________________________  **SUPERVISOR'S SIGNATURE:** ___________________________  **DATE:** ___________________________

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Completed payroll request forms must be received in the Business Services office by the last business day of the month to be paid the following month.