**Assignment Check Request Form**

Date:

Employee Name:

Banner ID (CWID):

\_\_\_ Employee Error

\_\_\_ Departmental Error

\_\_\_ HR/Payroll Services/Banner Error

Reason for Assignment Check Request:

How this will be avoided in the future (This must be completed):

Form prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head level approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean level approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice-President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: 1. Attach paper ENP for monthly paid Employees (including “J” E-Class)

2. Attach PPA for biweekly paid Employees

3. Route for appropriate signatures

4. Submit to Payroll Services, 409 Whitehurst, Stillwater, OK 74078

or by e-mail to [payroll.services@okstate.edu](mailto:payroll.services@okstate.edu)