

SPAHRs - EXCEPTION PAY REQUEST FORM

To: BUREAU OF FINANCIAL CONTROL
ATTN: PAYROLL OFFICE

Fax #: 601-359-6186

FROM: _____

AGENCY NAME

CONTACT PERSON: _____ PHONE: _____

SPAHRs EMPLOYEE NAME _____

AGENCY#: _____ SSN: _____

PP END DATE: _____FREQ: _____PIN/WIN: _____HOURLY RATE: _____

NET PAY: _____WORKER TYPE (P/W): _____SALARY: _____

TRANS CODE	EMPLOYEE AMOUNT	EMPLOYER AMOUNT

PROVIDE DETAILED ANSWERS TO THE FOLLOWING:

Explanation of exception pay: _____

Reason this is not being paid through adjust pay: _____

____I authorize BFC/Payroll to enter this information as required for Exception Pay.

SIGNATURE & TITLE

DATE