
Mississippi Management and Reporting System

Department of Finance and Administration

MMRS Policies and Procedures		
6316	SPAHRs Exception Pay Request Form	Revision Date: 05/16/2018
		Version: 1

SPAHRS EXCEPTION PAY REQUEST FORM

TO: BUREAU OF FINANCIAL CONTROL Fax #: 601-359-5525

ATTN: PAYROLL OFFICE

FROM: _____
AGENCY NAME

CONTACT PERSON: _____ PHONE: _____

SPAHRS EMPLOYEE NAME: _____

AGENCY#: _____ SSN: _____

PP END DATE: _____ FREQ: _____ PIN/WIN#: _____ TYPE (P/W): _____

NET PAY: _____

TRANS CODE	DEDUCT SEQ#	EMPLOYEE AMT	EMPLOYER AMT

Reason for exception pay request: _____

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

SIGNATURE & TITLE DATE