



DEPARTMENT OF ADMINISTRATION

DIPATTAMENTON ATMENESTRASION

DIVISION OF ACCOUNTS

(Dibision Kuenta)

PAYROLL BRANCH

(Seksion Sueto)

Telephone (Telifon): (671) 475-1195 • Fax (Faks): (671) 472-9794



PAYROLL SPECIAL PAYMENT REQUEST

Date: _____

To: CHIEF PAYROLL OFFICER

Subject: Special Payment Request

I,

Employee's Name:

Employee ID Number:

Department or Agency:

Pay Code:

Payroll Number:

Requests Special Payment for the following reasons:

Check Date Requested (No less than 5 working days):

SUPERVISOR'S SIGNATURE

EMPLOYEE'S SIGNATURE

FOR DOA USE ONLY

From: Director of Administration

To: Payroll Branch

☐ Approved ☐ Disapproved

DIRECTOR'S SIGNATURE

Chief
Payroll
Officer

Request
Number