

**NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY**

**REQUEST FOR SUBSTITUTE PAY**

This request may be used in those instances in which the approved personnel action form was received by the payroll office too late for the employee to be placed on the regular payroll.

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Budget Code: \_\_\_\_\_ Date Employee Reported: \_\_\_\_\_

Justification for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Chairman or Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Dean of School or Director \_\_\_\_\_ Date \_\_\_\_\_

Vice Chancellor \_\_\_\_\_ Date \_\_\_\_\_

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**AGREEMENT TO REPAY**

In consideration of this substitute pay payment. I hereby authorize North Carolina A & T State University to withhold the payment from my next payroll check.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Payroll Office Use Only**

Substitute Pay: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Salary: \_\_\_\_\_

Authorized Payment: \_\_\_\_\_

Check Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Repayment of Substitute Pay:

Date: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

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I authorize N. C. A & T State University to negotiate my payroll check without further endorsement from me to reimburse this indebtedness.

\_\_\_\_\_ Witness

\_\_\_\_\_ Signature

\_\_\_\_\_ Date