

EARLY PAYMENT APPROVAL FORM

All payments made to individuals before they start employment require approval from the Department Chair or appropriate Executive Officer. These payments should only be used in special circumstances. They are considered taxable income and must go through the payroll process so the applicable taxes can be withheld and so the correct cost center can be charged.

Each section of the attached form should be filled out completely before submitting. Below are guidelines for completing each section:

Check Request Number:

Add 7 characters that can be used as the unique check request number. The first three characters should be alpha (i.e.-first three letters of the department's name) and the last five characters should be numeric (i.e. APD12345). The department should keep a log of the numbering scheme, to eliminate duplicating of numbers.

Employee Information:

1. Employee Name - name of individual to be paid
2. Employee SSN - SSN of individual to be paid
3. Mailing Address - home address of individual to be paid
4. City, State, Zip - city, state and zip of individual to be paid

Department Information:

1. Department ID and Name - initiating department information
2. Initiator Name & Phone - name of person requesting the payment and phone number to contact with any questions that arise concerning the payment request.
3. Question regarding Payment to US Citizen or Permanent Resident - the answer to this question assists in determining the taxability of the payment.
4. Start Date of the Individual - anticipated start date of the individual
5. Agreed Upon Date of Payment - please provide the agreed upon date of payment per offer letter, if stated

Justification/Explanation of Payment:

1. Provide an explanation for the reason for the payment.
2. Confirm that a copy of the offer letter is included

Payment Information:

1. Total Amount of Payment – gross amount to be paid to the individual
 2. Payment Method – how the individual will receive the payment. If applicable, electric funds transfer information must be sent separately
- Please note that payroll will submit for payment after review to avoid duplication.

Payroll Distribution:

1. Center Number - cost center(s) to be charged by payroll
 2. Job Code - job code of the individual receiving the payment
 3. Amount - amount to charge to each cost center
- If more than 3 cost centers are necessary, please note and include separately.

Approval Signatures:

1. PA HD Executor - should have the signature and date of the HD Executor approving payment
2. PA Approver Center - each center listed should have an authorized approver sign
3. Financial Approvers – if other financial approvers are needed per delegation of authority
4. Department Chair – required within the Academic Enterprise
5. Executive Approver – required within the Clinical Enterprise

Please note that the "Approved by" signatures indicate:

1. You have reviewed the expenditure, business reason, and documentation for appropriateness/compliance with VUMC policies
2. Payment has NOT been requested or paid through any other VUMC payment process, such as the procurement card or accounts payable, or through any non-VUMC entity
3. Certification from the appropriate authority to approve the expenditures.

Please send fully completed form along with offer letter to the VUMC Payroll Office at 2525 West End Ave., 5th Floor. Payroll will submit for payment after review to avoid duplication.

REQUEST FOR EARLY PAYMENT

Use this to request early payment before employment starts.

Please note that all approvals should be obtained based on the signature delegation of authority policy.

SEND COMPLETED FORM TO THE VUMC PAYROLL OFFICE – 2525 West End Ave., 5th Floor

		Check Request Number					
Employee Information							
Employee Name				Employee SSN			
Mailing Address				City, State, Zip			
Department Information							
Department ID				Department Name			
Initiator Name				Initiator Phone			
Is this payment to or on behalf of a US Citizen or Permanent Resident? Yes No							
Start Date of the Individual				Agreed Upon Date of Payment (if prior to start date, please provide)			
Justification/Explanation of Payment							
Forms without a business justification will be returned to the initiator and result in payment delays.							
Explain the reason for payment.							
<i>Is the offer letter attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>							
Payment Information							
Total Amount of Payment		\$		Account 14130 Center Number 1080043002			
Payment Method (mark only one)		<input checked="" type="checkbox"/> Mail Check to Address Above <input checked="" type="checkbox"/> Electronic Funds Transfer (please provide payment details separately)					
Payroll Distribution							
Center Number				Job Code Amount \$			
Center Number				Job Code Amount \$			
Center Number				Job Code Amount \$			
Approval Signatures							
Role		Print Name		Signature		Date	
PA HD Executor							
PA Approver Center							
PA Approver Center							
Financial Approvers							
Department Chair (Academic Enterprise)							
Executive Approver (Clinical Enterprise)							
For Payroll Processing Use Only							
Gross Amount		\$		Taxes Withheld		\$	
				Amt to be paid by Disbursements		\$	