

***REQUEST FOR A SECOND CHECK***

Name: \_\_\_\_\_

Type of Extra Pay: \_\_\_\_\_

Date of Pay: \_\_\_\_\_

A request for a second check must be completed and sent to the Payroll Department at least 2 weeks in advance. This request is valid for only one payroll date. This form needs to be completed each time you are requesting a second check.

The tax consequence of a second check is a flat 25%. There are no exceptions to this.

By signing this form, you agree to the tax implications of a second check.

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Signature of Employee Date