



UNIVERSITY POLICY

SUBJECT:	FINANCIAL AFFAIRS	TITLE:	DISTRIBUTION/EARLY RELEASE OF PAYROLL CHECKS/DDAs		
CATEGORY: Check One	Board of Trustees <input type="checkbox"/>	Presidential <input checked="" type="checkbox"/>	Functional <input type="checkbox"/>	School/Unit <input type="checkbox"/>	
Responsible Executive:	Senior Vice President for Finance		Responsible Office:	Payroll	
CODING:	00-01-50-01:00	ADOPTED:	03/21/95	AMENDED:	8/23/10
LAST REVIEWED:					08/23/10

I. PURPOSE

To establish the policy for distribution of Payroll Checks/Direct Deposit Advices (DDAs), including the early release of Payroll Checks/DDAs to full-time as well as part-time faculty and staff.

II. ACCOUNTABILITY

Under the direction of the Senior Vice President for Finance, the Vice President for Finance and Treasurer shall ensure compliance and implement this policy.

III. POLICY

- A. Payroll Checks/DDAs will be released on the regularly scheduled payday. The regularly scheduled payday in most cases will be a Friday; however, when Friday is designated as a University holiday, Payroll Checks/DDAs will be released on Thursday. (During Thanksgiving week, when the University is closed Thursday and Friday, Payroll Checks/DDAs will be released on Wednesday.)
- B. The designated Campus Cashier will only distribute Payroll Checks/DDA to the authorized employee designated by the Department Head on the Payroll Checks/DDAs Authorization Form (EXHIBIT A).

IV. PROCEDURES

- A. Distribution of payroll checks/DDAs:
 - 1. Payroll Checks/DDAs not distributed by the designated department authorized employee are to be returned to the Campus Cashier's Office no later than the fifth working day after the scheduled payday.
 - 2. The Campus Cashier will return the Payroll Checks/DDAs to the Liberty Plaza (LP) Head Cashier no later than the fifth working day after the scheduled payday.
 - 3. The LP Head Cashier will return only the DDAs to the Payroll Department the same day they are received from the Campus Cashier's Office. The LP Head Cashier's Office will retain the unclaimed payroll checks and after 2 weeks, provide the Payroll Department with a list of employees whose checks have not been picked-up from the LP Head Cashier's Office.

4. The unclaimed payroll checks will remain in the LP Head Cashier's Office for a period of 90 days. After the 90 day period, the LP Head Cashier will issue a final list of unclaimed payroll checks to the Payroll Department while simultaneously forwarding the unclaimed payroll checks to the Accounting Department.
- B. Individuals who desire to pick up their own Payroll Check/DDAs from the Campus Cashier must present written permission from a Director level or above; Director levels must obtain approval from their Vice President. In addition, such individuals must present their University identification card.
 - C. Release of Payroll Checks/DDAs to an employee prior to a scheduled payday will be permitted as follows:
 1. Second and third shift employees not scheduled to work on payday may pick up their Payroll Checks/DDAs no earlier than 3:00 P.M., on the day before payday if they have their Department Head sign and submit the Payroll Check/Direct Deposit Advice Early Release Form (EXHIBIT B) to their Cashier's Office two (2) days prior to payday.
 2. All other faculty and staff members requesting early release of their Payroll Check/DDAs because they will be off-campus on the Friday payday must obtain their Department Head's signature by having him/her submit the Payroll Check/Direct Deposit Advice Early Release Form (EXHIBIT B) to their cashier two (2) days prior to payday.
 - D. Department handling of Payroll Authorization Form:
 1. Authorization forms must be in the Campus Cashier office four (4) days prior to payday.
 2. A separate Authorization form must be submitted for each Department Time Sheet Number and employees must be listed in alphabetical order by employee last name.
 3. Authorization form must have an original signature, and should include only those employees that are expected to receive a Payroll Check/DDA for the current pay period.
 4. Departments should use the authorization forms from the EXHIBITS below or obtain copies from the Campus Cashier.
- V. EXHIBITS
- A. Payroll Check/DDAs Authorization Form
 - B. Payroll Check/Direct Deposit Advice Early Release Form

By Direction of the President:

Signature on file

Senior Vice President for Finance

EXHIBIT A

UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY
PAYROLL CHECKS/DDAs AUTHORIZATION FORM

TO: CAMPUS CASHIER'S OFFICE

_____	LIBERTY PLAZA, 4 TH FLOOR	(732) 235-9169
_____	MEDICAL SCHOOL, ROOM 644B	(973) 972-4379
_____	NEWARK - UBHC, ROOM C69	(973) 972-4865
_____	DENTAL SCHOOL, ROOM B830	(973) 972-6642
_____	BERGEN BUILDING, GA LEVEL	(973) 972-7953
_____	UNIVERSITYHOSPITAL ROOM C242	(973) 972-4036
_____	PISCATAWAY CAMPUS, RWJMS, ROOM V2	(732) 235-4754
_____	PISCATAWAY CAMPUS, BHC, ROOM C102	(732) 235-4693
_____	STRATFORDCAMPUS, PCC ROOM 242	(856) 566-6791

FROM: Department of _____(Your Dept. Name)

Home Department No. _____

Department Time Sheet No. _____

Telephone No. _____ - _____

It is requested that Payroll Checks/Direct Deposit Advices for the following employees in alphabetical order be released to the authorized person from my department. Employees on Direct Deposit are referenced by a D/D.

- | | |
|-----------|-----------|
| 1. _____ | 16. _____ |
| 2. _____ | 17. _____ |
| 3. _____ | 18. _____ |
| 4. _____ | 19. _____ |
| 5. _____ | 20. _____ |
| 6. _____ | 21. _____ |
| 7. _____ | 22. _____ |
| 8. _____ | 23. _____ |
| 9. _____ | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

DATE: _____

AUTHORIZED EMPLOYEE

DEPARTMENT HEAD/ASST. ADMINISTRATOR
OR PROGRAM MANAGER SIGNATURE

EXHIBIT B

UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY
PAYROLL CHECK/DIRECT DEPOSIT ADVICE EARLY RELEASE FORM

DATE _____ DEPARTMENT OF _____

PAY PERIOD ENDING _____ HOME DEPARTMENT NO. _____

DEPARTMENT TIME SHEET NO. _____ TELEPHONE NO. _____

Employees working on second or third shift only:

- | | |
|-----------|-----------|
| 1. _____ | 16. _____ |
| 2. _____ | 17. _____ |
| 3. _____ | 18. _____ |
| 4. _____ | 19. _____ |
| 5. _____ | 20. _____ |
| 6. _____ | 21. _____ |
| 7. _____ | 22. _____ |
| 8. _____ | 23. _____ |
| 9. _____ | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

DATE: _____

AUTHORIZED EMPLOYEE

DEPARTMENT HEAD/ASST. ADMINISTRATOR
OR PROGRAM MANAGER SIGNATURE