Jefferson Lab
Thomas Jefferson National Accelerator Facility
Exploring the Nature of Matter

SAFETY INCENTIVE AWARDS PAYMENT REQUEST

Attn: Payroll Department, VARC RM 16
Phone: (757) 269-7503

Check Disbursement Request

Date: _____

Recipient: _____

Check will be disbursed in the same fashion as the employee's paycheck (Direct deposit/check)

NET Check Amount (circle one): $ 100.00 $ 50.00

Total Disbursement Amount: $ 157.23 $ 78.62
(Net Amount X 1.5723)

Reason for Disbursement: Safety Recognition

Date Requested: _____
*(Note: Checks/Direct Deposits will be cut on the next payroll cycle. Payment will normally be either the **1st** or **16th** of the month)*

Requestor Signature: _____
(Signature) *Print*

Project		Org		Account
EPMRLE	-	COO	-	56-001

Proj/Org Approval: _____
(Signature) *Print*

Division Head/AD Approval: _____
(Signature) *Print*

COO Approval: _____
(Signature) *Print*

CFO Funds Control Approval: _____
(Signature) *Print*

Return All Forms to Human Resources (Mailstop12B, ext. 7628)

Use this area to write a paragraph to provide a brief description justifying why the employee should be the recipient of the above award:

_____
_____
_____
_____
_____
_____
_____

**** If you need additional space to complete your justification attach a sheet to this document.***