



Request for Supplemental/Pay Card

Department of Finance
Payroll Department
301 North 9th Street, 16th floor
Richmond, VA 23219
www.rvaschools.net

fax: (804) 780-7740

Date: _____

To: _____

From: _____

Employee Name: _____

Social Security #: _____

Job Code/Job Title: _____ / _____

Account Code #: _____

Days, Hours & Restore Pay: _____

Rate of Pay/Docked: _____

Check Date: _____

Reason for request: _____

Authorized Signature on File in the Payroll Department:

FAX THIS FORM TO THE FINANCE DEPT/PAYROLL AT (804) 780-7740.