


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  Peter John D. Camacho, MPH Hospital Administrator/CEO	RESPONSIBILITY: Hospital-wide	EFFECTIVE DATE: February 20, 2018	POLICY NO. A-HR3300	PAGE 1 of 3
TITLE: SPECIAL PAYMENT REQUEST FOR SALARY PAYMENT				
LAST REVIEWED/REVISED: 10/2017				
ENDORSED: EMC 12/2017				

PURPOSE:

To implement procedures in the handling of a special payment request for salary payment.

POLICY:

A Special Payment Request must be submitted in writing to the Hospital Administrator for approval to prepare and release an employee's payroll check outside of the normal payroll check processing period.

CRITERIA:

- Special payment requests for salary payments shall be limited to the following reasons:
 - Missed payment of salary or hours worked from prior pay periods that may cause undue financial hardship on employees.
 - Pay Advances on leave requests or hours worked due to emergency reasons.
- Payment requests for any of the above reasons must be greater than one hundred dollars (\$100.00).

PROCEDURE:

I. The requesting employee shall complete the attached Special Payment Approval Form and submit the form to the Administration Office for the Hospital Administrator's approval. As an alternative, the employee may prepare a memorandum to the Hospital Administrator. This memorandum shall have the following information:

- reason for payment request;
- type of payment and Total number of hours (i.e. weekend pay, regular hours, etc.);
- specified period/dates; and
- contact information.

The following documents must be attached, if applicable:

- approved Leave Form(s);
- approved Overtime, Double Time, or On-Call justification;
- approved Time Sheet;
- approved Leave Sharing Request Form; and
- other approved documents to substantiate payment.

It is the responsibility of the employee to ensure that all necessary documents are attached to the memorandum/special payment request form.

- II. The Administration staff shall forward the request (approved or disapproved) to the Payroll Office as soon as it has been signed by the Hospital Administrator. If disapproved, Payroll Office will notify the employee.
- III. Upon receipt of the approved special payment approval request, Payroll staff shall process the payment within three (3) working days from the date of the approval.
- IV. Payroll staff shall review and validate the information on the documents received.
- V. Payroll staff shall complete the Special Payment Request Form detailing the pay information and prepare a manual check.
- VI. The Special Payment Request Form, manual check, and supporting documents shall be forwarded to the Chief Financial Officer/Certifying Officer and the Hospital Administrator for signatures.
- VII. Payroll staff shall release the check to the employee once the appropriate signatures have been secured.

RESCISSION:

Policy 6440-5, Special Payment Request, of the GMHA Administrative Manual made effective January 13, 1994.

ATTACHMENT:

- I. [Special Payment Approval Form](#)

[GMHA LETTERHEAD]

SPECIAL PAYMENT APPROVAL FORM

Name of Employee: _____ Submission Date: _____
(Last Name, First Name, MI)

Requestor's Signature (if not employee, print and sign name): _____

Employee Contact Information: _____ Assigned Dept.: _____

REASON FOR PAYMENT REQUEST: (Note: Make a selection below and provide an explanation for the request. Attach approved pay related documents which include the type of pay and the hours/dates to be paid, i.e. timesheet, leave form, pay justification, and/or leave sharing form. The gross pay must be more than \$100.00.)

Missed Pay

Explain: _____

Advanced Pay (due to emergency reasons)

Explain: _____

APPROVED

DISAPPROVED

Hospital Administrator/CEO

Date