



Special Check Request Form

Form must be completed online, in ink, or typed. All photocopies or forms completed in pencil will be returned to the VP/Dean.

EmplID: 2004285 Employee Name: Alex Labossiere
Pay Period Date: 02.21.2026 Check Pick-up Location: ☐ Belknap ☒ HSC
Employee Pay Cycle: bi-weekly Who to notify when the check is available:
Amount To Pay: \$ 7,223.00 ☐ Department Contact Email: _____
☒ Employee Email: matthew.ramsey@louisville.edu

*** Small Time Sheets Must Be Attached For All Hourly Employees ***

Reason For Request: Dr. Matthew Ramsey is requesting compensation for hours that have not been submitted by Alex Labossiere. The time sheet is attached.

Please provide a detailed justification for this specific request.

Chargeable Speedtype: GR05369
Please provide the speedtype to finance this special check request.

Department ID: 4111500111 Position Number: P-820
Department Name: OIID

Matthew Ramsey

Signature of Requestor

Dr. Matthew Ramsey

Print Departmental Contact

N/A

Email of Person to Be Notified When Check Is Available for Pickup

Signature of VP/Dean/Associate Dean (Required)

Date

matthew.ramsey@louisville.edu

E-Mail Address

Payroll