



PAYROLL/PERSONNEL  
SEVERANCE PAY PAYOUT INFORMATION REQUEST

UPAY766 (4/92)

EMPLOYEE NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

DEPT: \_\_\_\_\_

TELEPHONE EXT: \_\_\_\_\_

1	9	10 LAST DAY ON PAY 15
		MM DD YY