

UNIVERSITY OF HAWAII
Disbursing/Payroll Office

Date:

To:

From: Karyn Yoshioka, Payroll Supervisor

Subject: Post Death Payment

The UH Payroll Office is initiating a "Post Death Payment" (copy of net pay worksheet enclosed for your information) for the following deceased employee.

Name: SSN:
PR#/W:
Reason for payment:

Please prepare a DV for the following (if checked):

- _____ 1. Payee's Name:
Vendor Code:
Subcode: 2961
Amount:
- _____ 2. Payee's Name: Director of Finance, State of Hawaii
Vendor Code: V0000254143
Subcode: 2961
Amount:
- _____ 3. Payee's Name: Employees' Retirement System
Vendor Code: V0000077920
Subcode: 2961
Amount:
- _____ 4. Payee (Union):
Vendor Code:
Subcode: 2961
Amount:

On each DV, in the "Payment Information" tab, type the following:

A/P: Please type the following information on the check remittance advice.
Post Death Payment for (Reason for payment)
Deceased Employee's Name Deceased
Employee's SSN
Deceased Employee's Payroll No. and Warrant Distribution Code

Also prepare a "Special Check Distribution Request" (DISB-37 for each DV to request special handling of the check as follows:

Contact: Karyn Yoshioka, UH Payroll Office
Phone: 956-7444

Retain copies for your files and send the originals to the UH Payroll Office. If you have any questions, please call _____ at x67444.