

## TAX REFUND REQUEST

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
 USC ID#: \_\_\_\_\_ Dept: \_\_\_\_\_ Date: \_\_\_\_\_

A refund of taxes withheld is requested due to:

For Pay Period(s): \_\_\_\_\_

Of the following:  FICA-OASDI  Federal W/H  USC Disab  SDI  
 FICA-Medicare  State WH  USC STD

If the request should be denied, the home department coordinator will be notified.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

***DO NOT WRITE BELOW THIS LINE***

Approved \_\_\_\_\_ Reason: \_\_\_\_\_

Disapproved \_\_\_\_\_ Reason: \_\_\_\_\_

Tax Status: \_\_\_\_\_ Nonresident for Tax \_\_\_\_\_ US Resident for Tax

Tax Election Screen Reviewed & updated (initials): \_\_\_\_\_

ITEM:	Refund to Employee	Refund to Employer	Adjust Grosses
FICA-OASDI	<_____>	<_____>	<_____>
FICA Medicare	<_____>	<_____>	<_____>
Federal Withholding	<_____>		<_____>
State Withholding	<_____>		<_____>
USC SDD	<_____>		<_____>
USC STD	<_____>		<_____>
FUI		<_____>	<_____>
FUI Credit Reduction		<_____>	<_____>
SUI _____ (enter State Code)		<_____>	<_____>

REQUEST REVIEWED & COMPLETED BY: \_\_\_\_\_

Print Check at:

DIRECTOR APPROVAL: \_\_\_\_\_

\_\_\_\_\_ UPC

Workday Entry Processed by: \_\_\_\_\_

\_\_\_\_\_ HSC

Processed date: \_\_\_\_\_

Batch: \_\_\_\_\_