**EMPLOYMENT PAYROLL CLAIMS – EMPLOYEE SOLE PAYEE**

BACK PAY AND LUMP SUM DAMAGES FOR CURRENT EMPLOYEE CAN NOT BE PAID JOINTLY OR SOLEY TO 3rd PARTY

PUNITIVE DAMAGES AND INTEREST PAYABLE SOLELY TO CLAIMANT SHOULD BE PROCESSED THROUGH PAYROLL FOR PRIVACY

FOR ATTORNEYS FEES, PUNITIVE DAMAGES OR INTEREST PAID JOINTLY OR SOLELY TO ATTORNEY, ENTER INFORMATION UNDER “PAYMENTS TO JOINT OR 3RD PARTY”

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Claimant****Name** | **HR/CMS ID** | **POSITION** | **ACCOUNT** | **Type of Damages****Lump Sum****Back Pay, Interest****Other (Specify)** | **Amount of Payment** |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |

**EMPLOYMENT PAYROLL CLAIMS --JOINT OR 3rd PARTY PAYEE**

NOTE: BACK PAY AND LUMP SUM PAYMENTS FOR CURRENT EMPLOYEE CAN NOT BE PAID JOINTLY OR TO 3RD PARTY. ENTER THESE CLAIMS ABOVE

CURRENT EMPLOYEE DAMAGES PAYABLE JOINTY OR TO 3rdPARTY MAY INCLUDE ONLY ATTORNEYS FEES, INTEREST, PUNITIVE AND REIMBURESMENTS.

RE-HIRE FORMER EMPLOYEES TO MAKE PAYMENT OF BACK PAY AND LUMP SUM DAMAGES. FOR OTHER DAMAGES, IF FORMER EMPLOYEE IS NOT REHIRED, ATTACH W-9

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Claimant****Name** | **HR/CMS ID****(Required for Back Pay, Lump Sum Damages for former employees)** | **POSITION****(Required for Back Pay, Lump Sum Damages for former employees)** | **ACCOUNT****(Required for Back Pay, Lump Sum Damages for former employees)** | **Type of Damages****Lump Sum****Back Pay, Attorneys Fees, Interest****Other (Specify)** | **Amount of Payment** | **Made Payable to:****(Joint or 3rd party)**  | **Attorney or 3rd Party MMARS Vendor Code** **If not on VCUST enter “NEW” and attach W-9** | **Payee/Firm Full Legal Name (as appears on W-9 or VCUST)** |
|  |  |  |  |  | $ |  |  |  |
|  |  |  |  |  | $ |  |  |  |
|  |  |  |  |  | $ |  |  |  |
|  |  |  |  |  | $ |  |  |  |
|  |  |  |  |  | $ |  |  |  |

**PAYMENTS TO NON-EMPLOYEES – CLAIMANT SOLE PAYEE**

**Claimants who have not been current or former employee of Commonwealth**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Claimant Full Legal Name (as appears on W-9)** | **Legal Mailing Address****(Must have current W-9)** | **MMARS Vendor Code** **(if current Vendor.** **If none, enter “NEW”)** | **Type of Damages****Lump Sum****Attorneys Fees, Interest****Other (Specify)** | **Amount of Payment** |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

**PAYMENTS TO NON-EMPLOYEES – SOLE OR JOINT PAYMENTS TO 3rd PARTY**

**Claimants who have not been current or former employee of Commonwealth**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Claimant****Name** | **Legal Mailing Address****(Must have current W-9)** | **Type of Damages****Lump Sum****Attorneys Fees, Interest****Other (Specify)** | **Amount of Payment** | **Made Payable to:****(if different from Claimant)**  | **Payment Address:****(if different from Claimant)**  | **MMARS Vendor Code** **Must have current W-9 if not on VCUST** |
|  |  |  | $ |  |  |  |
|  |  |  | $ |  |  |  |
|  |  |  | $ |  |  |  |
|  |  |  | $ |  |  |  |
|  |  |  | $ |  |  |  |