



**MANUAL PAYROLL CHECK REQUEST
EMPLOYEE PAYMENT**

PAYMENT REQUESTED FOR:

PERS ID #: _____ EMP. NAME: _____

PERS ASSIG #: _____ (Omitting the PERS ASSIG # will result in the employee **NOT** receiving payment.)

COST CENTER INFORMATION:

COST CENTER NAME _____ COST CENTER NUMBER _____

CONTACT NAME _____ PHONE NUMBER _____

COST CENTER AUTHORIZING ADMINISTRATOR (Principal, Assistant Principal or Authorized Administrator):

_____ (PRINT) _____ (SIGNATURE) _____ (DATE)

REASON FOR MANUAL CHECK (Please indicate the specific circumstances that created the need for a manual check):

SAP PAY PERIOD #: _____ YEAR: _____ (only ONE pay period per form);

Pay Period (mm/dd/yy) FROM ___/___/___ - THRU ___/___/___;

Number of Days/Hours requested to be paid manually: _____ (CHOOSE: DAYS OR HOURS).

TIME NOT REPORTED/ERRONEOUSLY REPORTED ** (SEE AUTHORIZATION REQUIREMENTS BELOW)

HR TRANSACTIONS NOT COMPLETE (Explanation and legible copy of Final Roster required): _____

OTHER _____

DISTRIBUTION INSTRUCTIONS:

<input type="checkbox"/> HOLD FOR PICK-UP	<input type="checkbox"/> WORK LOCATION	FOR PAYROLL DEPARTMENT USE <u>ONLY!</u>
<input type="checkbox"/> U.S. MAIL (For Substitutes, Retirees, and Terminated Employees <u>ONLY</u>)		<input type="checkbox"/> HOLD FOR SPECIAL INSTRUCTIONS

**** AUTHORIZATION BY REGION SUPERINTENDENTS/SUPERINTENDENT'S CABINET MEMBERS REQUIRED
ONLY WHEN TIME NOT REPORTED/ERRONEOUSLY REPORTED**

FOR REGION SUPERINTENDENTS/SUPERINTENDENT'S CABINET MEMBERS USE ONLY

**** AUTHORIZING ADMINISTRATOR (Region Superintendent/Superintendent's Cabinet Member):**

_____ (PRINT) _____ (SIGNATURE) _____ (DATE)

FOR PAYROLL DEPARTMENT USE ONLY

APPROVED: _____ (SIGNATURE) _____ (DATE) INPUT BY: _____ (SIGNATURE) _____ (DATE)

CHECK NUMBER: _____ CHECK DATE: _____