

MANUAL CHECK REQUEST FOR **NON-EXEMPT EMPLOYEE**

Request is due Friday 5 pm and will now the following Friday

Date Prepared: 05/05/15					Preparer's Name: Masked Rider							
Dept. Name: Testing					Contact Phone: (806) 123-4567							
Dept. Org #:					Chart of Account: TSHEE							
Employee Tech ID: R 12345678					Employee Name: Raider Red							
Fund: 12E345	Orgn:	A12345	Acct:	1A1234 Pr		Position: T]H					
Fund:	Orgn:		Acct:	Pr	ogram:	Position #: 12345	Suffix:					
Payment Request Dates per Payroll (1 st -15 th or 16 th -EOM) From: 04/01/15 To: 04/15/15												
If the requested payment covers more than one payroll, please submit a form for each payroll.												
Breakdown of Attendance (per work week): work week runs from Sunday – Saturday												
Earnings Code	Shift				Week Ending Dat		te Week Ending Date					
	eek ending date will usually be Saturday's date					04/11/15	04/15/15					
RGH	1				16	32	, ,					
VAC	1	32				8	24					
SCK	1	8					8					
Total Hours 88												
Please check	a gener	al reason	AND ir	nput an expl	anation as to why	there is a need to is:	sue a manual check.					
Pay increase		layed ePat		Sailed to subn	ait timesheet)wed additional calan	/ Wrong shift code					
Pay increase Delayed ePaf Failed to submit timesheet Owed additional salary Wrong shift code												
ailed to submit time sheet by due date.												
Employee's Signature:					ORG Manager's Signature:							
•	_				Payroll Services. Fa		Mail Stop: 1092					

For Payroll	Payroll ID	Payroll #	Deductions Set Up	Paid On Same Payroll	Only Paid LNG/CPA	Personnel/Effective Date Verified	Position/Suffix Verified
Use Only							
Longevity/ Hazardous	Eligible	Not Eligible	Paid	Not Paid	2 Yr. Service Credit Not Fulfilled	Wrong Payroll Cycle	Didn't Work On The 1 st Of The Month