

Process Name:	<b>Manual Check Request for Non-Exempt</b> Rev 9/30/2008
Contact :	Payroll Services
Process Purpose:	To process a onetime manual check request for a missed pay period
Special Terms:	FOAP – Chart of Account elements - Fund, Organization, Account, Program

Information you will need	Banner/Tech ID#, Name, Position Number, Suffix ,Earn Code, Pay Period, Hours worked, COA, Fund, Organization, Account, Program

Instructions for completing Manual Check Request for Non-Exempt

Data is required for all fields on this form in order to process this request. Payroll MUST receive this form by Friday at 5:00 p.m. for processing in the following week. Employee's will receive their pay according to their normal payroll distribution set up and will be available on the following Friday of the next week.

- **Preparer Name** – The individual preparing the request for payment.
- **Dept ORG** – The employee's departmental ORG number.
- **Dept Name** – The name of the department.
- **Banner/Tech ID** – The employee's "R" number
- **Employee Name** - The employee's name receiving payment
- **COA: FUND: ORGN:Acct: Program** - COA(chart of account: H,S or T) The FOAP to be used for charging the gross amount pay due to the employee.
- **Pay Period for payment request** – Indicate the pay period that the employee should've received payment for.
- **Position and Suffix** – The employee's assigned position and suffix.
- **Breakdown of Attendance** – Provide the total hours worked by earning code for that week ending period, please indicate the week ending on this form. Example shown below.
- **Justification for manual check** – Provide justification for the reason this check must be processed outside of the normal pay period and why the normal pay period was missed.

- **Employee Signature** – Employee signature is required to process this manual check request.
- **ORN Manager Signature** – ORG manager signature is required to process this manual check request.
- **List of Eligible Earn/Leave Codes:**

Earn Code	Earn Code Description
ADG	Assistance Dog Training Leave
AWD	Award
BMT	Bone Marrow Transplant Leave
CLO	Clothing Allowance
CYR	Current Year Retro Pay
DBD	Blood Donor Leave
EMG	Emergency Pay
FFL	Firefighter EMS Leave
FNL	Funeral
FPT	Foster Parent
FRL	Frozen Longevity Retiree/Police
FTO	Field Training
HAZ	Hazardous Duty
HCP	HSC Holiday Comp
HOL	Holiday

Earn Code	Earn Code Description
JDY	Jury Duty
LFP	Leave With Full Pay & Benefits
LNG	Longevity
LSP	Lump Sum Payment
LSV	Lump Sum Vacation
MDP	Military Differential Pay
MEL	Military Emerg Leave
MIL	Military Leave
MOV	Moving Expense
OMC	Overtime Manual Calculation
OMP	One Time Merit
ORL	Organ Donor Leave
OTB	Other Taxable Benefit
OTP	Overtime Hourly

Earn Code	Earn Code Description
RDC	Red Cross Leave
RGA	Regular Pay Adjustment
RGH	Hours Worked
SCK	Sick Leave
SEL	Service Excellence Leave Award
SHD	Shift Differential
SHI	Shift Incentive
SLE	Sick Leave Exception
SLP	Sick Leave Pool
TIP	Tip Wages Payment
VAC	Vacation Pay
VOT	Voting

Example of a completed form is provided on the next page.

### Manual Check Request for Non-Exempt

Date Prepared: 09/19/2008

Preparer Name: Peggy Preparer Dept ORG: C15001 Dept Name: Payroll Services

Banner/Tech ID: R 9 9 9 9 9 9 9 Employee Name: INEED A. CHECKNOW

COA: T FUND: 11P0011 ORGN: C15001 Acct: 6A0000 Program: 600

Pay Period for payment request: 9/1/2008 to 9/15/2008

Position: T9964 Suffix: 00

September 2008						
S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11

*Breakdown of Attendance:*

Earnings Code	Shift	Total Hours	Week Ending	Week Ending	Week Ending
			Enter Week Ending in the spaces provided → <u>9/6/2008</u>	<u>9/13/2008</u>	<u>9/20/2008</u>
<u>HOL</u>	<u>1</u>	<u>8</u>	<u>8</u>	—	—
<u>VAC</u>	<u>1</u>	<u>8</u>	<u>8</u>	—	—
<u>RGH</u>	<u>1</u>	<u>64</u>	<u>24</u>	<u>40</u>	—
<u>SCK</u>	<u>1</u>	<u>8</u>	—	—	<u>8</u>
_____	—	—	—	—	—

To enter additional earnings code and hours please attach additional form with the information:

Total HOURS: 88 Breakdown of Attendance MUST equal total hours:

**Justification for manual check:**

*The employee failed to submit hours by the WTE ending date for approval.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
ORG Manager Signature

For Payroll Use:
Payroll ID: _____
Payroll Nbr: _____