

Download File PDF Manual Payroll Checks

#Jenny



Finally I get this ebook, thanks for all these I can get now!

#Rio



Cool! I'am really happy

#Markus Jensen



I did not think that this would work, my best friend showed me this website, and it does! I get my most wanted eBook

#Hun Tsu



wtf this great ebook for free?!

#Che Salsa



My friends are so mad that they do not know how I have all the high quality ebook which they do not!

#Diego Butler



so many fake sites. this is the first one which worked! Many thanks

MANUAL PAYROLL CHECK REQUEST EMPLOYEE PAYMENT	
PAYMENT REQUESTED FOR:	
PER'S ID # _____ EMP. NAME _____	
PER'S ASSG # _____ (Including the PER ASSG # will result in the employer NOT making payments.)	
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 R. _____ YEAR _____ (only ONE pay period per form):	
Pay Period (mm/dd/yy) FROM _____ THRU _____:	
Number of Days/Hours requested to be paid manually: _____ (CHOOSE: <input type="checkbox"/> DAYS OR <input type="checkbox"/> HOURS)	
<input type="checkbox"/> TIME NOT REPORTED/ERRONEOUSLY REPORTED ** (SEE AUTHORIZATION REQUIREMENTS BELOW)	
<input type="checkbox"/> HR TRANSACTIONS NOT COMPLETE (Explanation and legible copy of Final Roster required): _____	
<input type="checkbox"/> OTHER _____	
DISTRIBUTION INSTRUCTIONS:	
<input type="checkbox"/> HOLD FOR PICK-UP <input type="checkbox"/> WORK LOCATION	<input type="checkbox"/> FOR PAYROLL DEPARTMENT USE ONLY
<input type="checkbox"/> U.S. MAIL (For Substitutes, Retirees, and Terminated Employees ONLY)	<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: _____ INPUT BY: _____	
(SIGNATURE) (DATE) (SIGNATURE) (DATE)	
CHECK NUMBER: _____ CHECK DATE: _____	

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