

NC State University Request for Manual Check

Employee Name- _____
Last Name
First Name
Middle Initial

SSN: _____ - _____ - _____ PS ID# _____ Department (OUC) _____

Department Name: _____ Pay Period _____

Payroll Status: (Check ALL that apply)

SPA _____ EPA _____ EPA Fac. _____ Monthly _____ BW Perm _____ BWTemp _____ Grad _____

Reason For Request (Must Be Completed)

____ A. Submission of Incorrect Paperwork (hours, rate, etc.) ____ D. Omission of additional pay amount

____ B. Untimely submission of paperwork/action by department ____ E. Central Office Error

____ C. Untimely submission of paperwork/action by college/division

____ Other: _____

Estimated Gross Amount Payable: - - - - - \$ _____

Preparer's Signature (Mandatory)	Phone Number	____/____/____ Date
Dean or Dept. Head/VC Signature (Mandatory)		____/____/____ Date

System generated manual checks available on payday will be sent to the departmental Payroll Coordinator. Special arrangements must be made to pickup Manual Checks. These arrangements must be approved by the Payroll Supervisor and/or Payroll Manager.

Central Office Approval: (If Applicable)

Signature //Provost/Human Resources//Ag. Ext.	____/____/____ Date
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Payroll Office Approval:

Signature _____	____/____/____ Date
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For Payroll Use Only

Gross Salary Paid: \$ _____ Fica Exempt Yes _____ No _____

Check Distribution Number: _____ Net Amount Paid: \$ _____

Manual Check Number: _____ Manual Check Date: _____

Pay Group: _____ End Date: _____ X-Cycle: _____

Comments/Special Instructions: _____
