

## MANUAL PAYROLL REQUEST

_____	District Pick Up
_____	Send AV
_____	Employee Pick Up

District #: \_\_\_\_\_

District Contact: \_\_\_\_\_

- COMPLETE: **A) Cancel:** when lost check was reissued through AP, revolving, or supplemental payroll, employee never should have been paid, or incorrect amount was paid
- B) Reissue:** for lost checks to be reissued on Manual Payroll
- C) Create Manual Pay:** for when employee needs to be paid or pay history needs to be corrected

### A) CANCEL Paycheck: (SCOE sets up)

Check # \_\_\_\_\_

Check date \_\_\_\_\_

Check \$ \_\_\_\_\_

1. Check Status Request sent to SCOE to Stop Payment: Yes \_\_\_ or No \_\_\_

2. Please attached the following\*:

a) Copy of original Payroll History Snapshot

3. How was the Paycheck Reissued to the EE?

a) EE Paid from:	Revolving	<input type="checkbox"/>
	AP	<input type="checkbox"/>
	Sup Payroll	<input type="checkbox"/>

b) EE Never Should Have Been Paid

4. When Reissue was paid through Revolving or AP, on which payroll has the Pay History been created? \_\_\_\_\_

**OR**

5. REPROCESS PAY works when the EE has not subsequently been paid:

a) Check Box when you want to Reprocess Pay on this Manual Payroll

b) Attach the Pay01

**\*Email form along with attachments to: carend@scoe.org, jliu@scoe.org, jsarsfield@scoe.org & tpham@scoe.org**

**Signature needed on manual payroll request form, page 2**

**B) REISSUE** Paycheck: (SCOE sets up)

Check # \_\_\_\_\_

Check date \_\_\_\_\_

Check \$ \_\_\_\_\_

1. Check Status Request sent to SCOE to Stop Payment: Yes\_\_ or No\_\_

2. Please attached the following\*:

a) Copy of original Payroll History Snapshot

**\*\*Email form along with attachments to: carend@scoe.org, jliu@scoe.org, jsarsfield@scoe.org & tpham@scoe.org**

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**C) CREATE MANUAL PAY:** (District sets up but SCOE to "submit")

Please attach the following\*:

a) Pay 01a

b) Errors have been corrected or explained

Employee Name \_\_\_\_\_

**\*Email form along with attachments to: carend@scoe.org, jliu@scoe.org, jsarsfield@scoe.org & tpham@scoe.org**

**Print Name of Authorized Signer:**

**AUTHORIZED SIGNATURE:**

\_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I certify that I approve the above payroll transaction. I have validated correct compensation, retirement/payroll tax reporting, and reviewed the payroll reports as appropriate.