

Request for Manual Payment

Date _____

Department name _____

HR Location _____

Employee name _____ Banner ID _____

Pay period _____

Reason employee was not paid at scheduled time _____

Reason manual check requested _____

FOAP to charge \$100.00 fee for manual payment (if applicable) _____
70845 _____

NOTE: A manual payment may be approved after all necessary corrections have been made in Banner, forms signed by the Head of Department and/or Dean, and late pay form submitted.

Manual payment requested by:

Department Head (printed)

Department Head (signature)

Request supported by:

Dean/Director (printed)

Dean/Director (signature)

For Business Office Use Only: _____ Approved _____ Denied
_____ Payroll Manager or Assistant Payroll Manager
Comments _____