

Chabot-Las Positas Community College District

SPECIAL PAYROLL CHECK REQUEST

REQUESTOR

Name:	Phone #	Department	Date:

EMPLOYEE INFORMATION

Last Name: _____
 First Name: _____
 W#: _____
 Phone #: _____
 E-mail: _____

REASON WHY CHECK WAS NOT INCLUDED IN REGULAR PAYROLL

<input type="checkbox"/>	Late submission of contract or paperwork
<input type="checkbox"/>	Late time-reporting from employee
<input type="checkbox"/>	Errors occurred in _____
<input type="checkbox"/>	System error _____
<input type="checkbox"/>	Other issues _____

PAYROLL DISTRIBUTION METHOD

Mail check to Employee

Address: _____

EXPLANATION/CALCULATIONS

CORRECTIVE ACTIONS TO PREVENT REOCCURRENCE

 Supervisor/Manager's (Print Name) Supervisor/Manager's Signature Date

 College Vice-President (Print Name) College Vice-President Signature Date

PAYROLL OFFICE USE ONLY

		Check pick up date/time: _____
Payroll Manager Approval	Date	
Check Issue Date: _____	Check Number: _____	Check Amount: _____

****submission of completed form is not a guarantee that a manual check will be issued****