

## MANUAL CHECK REQUEST PROCEDURES

Manual checks will only be cut once on the Friday after the payday. A manual check will only be processed due to an **administrative error** that cannot be corrected on the next payroll run. Effective July 1st, 2009 an administrative fee of \$25 will be charged to the department for any approved manual check request. Please Include the BANNER Index # to be charged on the request.

Administrative errors **do not** include the following:

- Late contracts
- Late submission of Time Card by the employee.
- Incorrect leave usage.

Please keep in mind that Manual checks are to be used for those individuals who will suffer financial hardship if not paid on that date, otherwise they will receive back pay when payroll receives the contract for processing.

The following must be in place before a Manual Check will be processed:

1. Contract must be in the banner system, free of any errors or missing data.
2. Request is due to payroll by 12 noon the Monday after pay day.
3. The Manual Check request form must be filled out.
4. **Back up documentation must be attached** to the request as to why this person was not paid on the original payroll run.
5. Please note that a contract must be submitted approximately 3-4 weeks before the pay date to ensure that an employee will be paid on time. **Manual checks will not be issued for late contracts.**
6. Payroll will call the department when checks are ready to be picked up.
7. There will be no Direct Deposit available for Manual Checks.
8. There is a minimum requirement of 16 hours of pay for a manual check.

Manual check requests that do not fall under these guidelines will be processed as a back pay on the next Bi- weekly Payroll.

Thank you for your cooperation.



Office of the Controller
Payroll Division
Administration Bldg. Room 148
Ph. (561) 297-3115
Fax (561) 297-1062
http://www.fau.edu/controller/payroll/

MANUAL CHECK REQUEST

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ Z# \_\_\_\_\_

DEPT. NAME: \_\_\_\_\_ EMPLOYEE PHONE # \_\_\_\_\_

POSITION #: \_\_\_\_\_ SUFFIX #: \_\_\_\_\_ DEPARTMENT NAME \_\_\_\_\_

DEPT. CONTACT PERSON: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

ADMINISTRATIVE FEE \$25, INDEX: \_\_\_\_\_

Authorized Signature \_\_\_\_\_
(MUST BE SIGNED BY VICE PRESIDENT/PROVOST/DEAN/DIRECTOR/CHAIRPERSON)

REASON (S):

\*\*\*Please attach back up documentation\*\*\*

Three horizontal lines for providing reasons.

\*\*\*Payroll will not process without sufficient documentation.\*\*\*

- NOTE: 1. PLEASE COMPLETE ALL BLANKS WITH RELEVANT DATA.
2. SUBMIT TIME CARD HOURS TO BE PAID FOR HOURLY PAID EMPLOYEES.
3. REASON (S) - PLEASE INDICATE THE SPECIFIC CIRCUMSTANCE THAT CREATED THE NEED FOR A MANUAL CHECK. ATTACH SEPARATE SHEET, IF NECESSARY.
4. FAX THIS FORM TO EXPEDITE PROCESSING. (FAX 561-297-1062)

CONTROLLER'S OFFICE USE ONLY:

- ( ) PROCESSING & RECORDS ERROR.
( ) DEPT. ERROR - PAPER WORK SUBMISSION DELAY/NO PROPER PAPERWORK SUBMITTED.
( ) TKA ERROR - NO HOURS/WRONG HOURS INPUT/DATA ENTRY ERROR.
( ) OTHER: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_
(ASSISTANT CONTROLLER)