



Payroll Department
Payroll Action Form

Date: _____ L2: (Payroll) : _____ Work Location: _____

Employee Name: _____ Social Security No.: _____

Employee ID: _____

- Request emergency manual paycheck (if received by 11 a.m., check should be ready after 4 p.m.).

Please issue an emergency manual paycheck to the above named employee. The payment information did not reach the payroll department before the cutoff because:

Please pay the employee for:

Time period: _____ Hours: _____

Other: _____

- Request routine paycheck adjustment.

Please adjust the next paycheck for the above-named employee for:

Other information (if needed):

Employee's Signature

Signature of Principal, Department Head or Component Leader

Personnel Approved

Payroll Office Approval

Chief Accountant or Designee