

The University Corporation San Francisco State

Room ADM 361 1600 Holloway Ave. San Francisco, CA 94132

ucorp.sfsu.edu

# **Manual Check Request Form**

Date:	
Employee Name:	
Project Number:	
Date Check Needed:	

### **Reason for check:**

Lost or Stolen	To replace erroneous ADP check	
Employee Separation	Stop pay issued, attach pay request	
Late Timesheet	UCorp Error (explain below)	
Project Error	Other (explain below)	
(explain below)		

## Additional explanation:

#### **Calculation for Hourly Employee:**

Hourly	Hours	Overtime	Vacation Hours	Total
Rate	Worked	Hours	Payout	Gross

#### **Calculation for Salaried Employee:**

Monthly	Percentage	Overtime	Vacation/Personal	Total
Salary	Worked	Hours	Day Payout	Gross

## **Disposition of check (select one):**

Hold for Pick Up	Mail	Other (explain)

## If separating, does employee have benefits:

Yes	Please mail/include COBRA information	
	Employee has already received COBRA information	
No		
N/A		

**Requested by:**