

## KCTCS MANUAL CHECK REQUEST FORM

Employee Name:		Date:
Employee ID Number:		
Department :		
Request Information:		
Request is for missed pay for t	ne following -	
Paydate	Payroll #	
College Name:		
Check Information:		
Emp Record #	Pay Group	
Gross Pay:	Total Hours:	Pay Rate:
Earnings Code Earnings Code Earnings Code	Hours	
Reason :		
Payroll Officer  Date		nnel Coordinator/Business Dean
FOR SY	STEMS OFFICE US	E ONLY:
Date Received	Date 1	Processed