

REVERSAL REQUEST



Date of Request: _____ Pay Period(s) Error Occurred : _____

Department Representative: _____ Phone# _____
(Please type or print Last Name, First Name)

Department Representative: _____ Phone# _____
(Signature)

Employee Name: _____ Employee ID# _____
(Please type or print Last Name, First Name)

Reason For Request : (Check the appropriate box)

CIRCLE ONE				
System Error	EE changed Election	Processed Inc -ACO	Processed Inc-HR	Other

Other (Explain in detail below).

<input type="checkbox"/> Employee Notified	Date _____ (Attach signed documentation)
<input type="checkbox"/> Direct Deposit Deletion	<i>Must be submitted to UBOC by 12:00pm Payday Tuesday</i>
<input type="checkbox"/> Personal Check Received	Check Number _____ Amount _____ Date _____
<input type="checkbox"/> Zero Net Check	
<input type="checkbox"/> Reversed Warrant in HRMS	Warrant Number _____ Date _____ Confirmed <u>Y</u> or <u>N</u>
<input type="checkbox"/> Received Online Warrant Request Form	Confirmation Required

PAYROLL USE ONLY

Reversal Processed by:	_____	_____	_____
	ACO Payroll Initials	Date	Pay Period
Confirmed by:	_____	_____	_____
	ACO Payroll Initials	Date	Pay Period