

REVERSAL REQUEST



Date of Request: _____		Pay Period(s) Error Occurred : _____	
Department Representative: _____ <i>(Please type or print Last Name, First Name)</i>		Phone# _____	
Department Representative: _____ <i>(Signature)</i>		Phone# _____	
Employee Name: _____ <i>(Please type or print Last Name, First Name)</i>		Employee ID# _____	
Reason For Request : <i>(Check the appropriate box)</i>			
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 _____ <i>(Attach signed documentation)</i>		
<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