

**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 ACO	Processed 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 ACO by 11AM on pay-week Monday</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

**ACO PAYROLL USE ONLY**

<b>Reversal Processed by:</b>	_____	_____	_____
	ACO Payroll Initials	Date	Pay Period
<b>Confirmed by:</b>	_____	_____	_____
	ACO Payroll Initials	Date	Pay Period