



SAN MATEO COUNTY OFFICE OF EDUCATION

REQUEST FOR PAYROLL ADJUSTMENT

TO: District Business Services - Payroll Audit Department ☐ Cert ☐ Class

FROM: District

Please transfer the necessary funds to/from our school district's account and the Payroll Revolving Fund to process the following payroll adjustment(s), under the provisions of Education Code Section 42646.

Requested By

Date

Authorized Signature

Date

Payee Name

EID

Pay Day: **Total Net Pay:** **Pay Cycle:** **W-2C Year:** (if applicable)

PAYROLL CHECK / ACH

Payroll Check / ACH Data

Is the payment split? (e.g., between check and ACH, across multiple ACH accounts, or across multiple checks)? ☐ Yes ☐ No

Check/ACH #: Net Amount \$ Reissue or Reverse? ☐ Yes ☐ No

Check/ACH #: Net Amount \$ Reissue or Reverse? ☐ Yes ☐ No

Check/ACH #: Net Amount \$ Reissue or Reverse? ☐ Yes ☐ No

Check/ACH Cancellation and Reissue

☐ No credential hold. ☐ Stop the check and reissue the same amount.

☐ Stop direct deposit* and reissue the same amount.

☐ Direct deposit rejected by bank ** and reissue the same amount.

Required Docs: (1) F-28 or copy of the employee request (2) Pay History Report (3) *Direct Deposit Reversal Request Form (4) ** Bank rejection notice

Check/ACH Cancellation and Reversal

☐ Cancel the check and do not reissue; reverse the associated pay history.

☐ Cancel the direct deposit* and do not reissue; reverse the associated pay history.

Required Docs: (1) Pay History Report (2) *Direct Deposit Reversal Request Form

VOLUNTARY DEDUCTION CHECK / ACH

Check/ACH #: Issue Date:

Vendor Name: Check/ACH Amount \$

☐ Stop and cancel the voluntary deduction check

☐ Reverse the voluntary deduction ACH*

Required Docs: (1) Pay07 Report (2) Check Snapshot in AP-Checks Screen (3) *Direct Deposit Reversal Request Form

Reason/Comments:

SMCOE USE ONLY

- ☐ Check stopped in the bank
- ☐ ACH reversal was successful
- ☐ Partial payment reissue

Submitted by (Auditor's initials):

Date:

Date Processed in ERP:

Check Reissued Date:

Auditor's Initials: