PAYROLL CHECK CORRECTION FORM
E-Mail Form: **payroll@rfsuny.org** or Fax 518.935.6703

Today's Date: _____   Sender's Name: _____

Transaction: ☐ Quick Pay/Salaried   ☐ Quick Pay/Additional Hours   ☐ Stop Payment/Re-Issue   ☐ Reversal

Person Type: ☐ Salaried   ☐ Hourly

Form of Payment: ☐ Direct Deposit   ☐ Check

Last Name: _____   First Name: _____   Assignment Number: _____

Check Number: _____   Payroll Date: _____   Gross Pay: $ _____   Net Pay: $ _____

Earnings Element	Amount
	$
Deduction Elements	$
FICA	$
FICA/Medicare	$
Federal Tax	$
Federal Tax Fellow	$
NYS Tax	$
NYC Tax	$
Yonkers Tax	$
SRA	$
TDA	$
United Way	$
*Health Insurance	$
**Misc. Deductions	$
	$
	$
	$
Net Pay	$

Reason for Adjustment:

Exp. Date:

Please note if you are paying additional hours, you need to load the straight time and/or overtime hours in the Time Reporting system. If this is not done, we will not be able to process this quick pay. Once the hours are loaded, central office will run the quick pay for you.

Please indicate the Health Insurance element to use.

**Please indicate any other deductions the person may have that are not already listed*

FOR CENTRAL OFFICE USE ONLY

Date of :_____

Quick Pay _____
Stop Payment: _____

Check Voided: _____
Reversal/Adjustment: _____

Date Track Reversal Date: _____
Date Track Adjusted Date: _____

Issue Check Number: _____
Issue Check Date: _____

Run Process Number: _____

Initials: _____   Date: _____

January 23, 2012