



STATE OF MISSOURI
OFFICE OF ADMINISTRATION

SUPPLEMENTAL CHECK/CHECK CANCELLATION REQUEST

EMPLOYEE NAME		
EMPLOYEE ID	ORIGINAL CHECK NUMBER	
HOME AGENCY/ORG	EFT <input type="checkbox"/> YES <input type="checkbox"/> NO	
PAY PERIOD END DATE	CHECK DATE	
ORIGINAL GROSS AMOUNT \$	ORIGINAL NET AMOUNT \$	
PAY LOCATION		
DETAILED DESCRIPTION OF PROBLEM		
PPER ID FOR CORRECTED TIME/LEAVE		
FAILURE TO CHECK ONE OF THE FOLLOWING COULD DELAY PROCESSING: <input type="checkbox"/> REPLACE CHECK <input type="checkbox"/> CANCEL ORIGINAL <input type="checkbox"/> ADDITIONAL AMOUNT		
PREPARER'S SIGNATURE	TELEPHONE NUMBER	DATE
AGENCY APPROVAL SIGNATURE (READ 1, 2 & 3 BELOW)		DATE
<p>1 Supplemental checks will only be processed in accordance with published policies (SAM II HR-Payroll/Policies & Procedures/Checks Processing/Check Replacement Policy). Other payroll corrections will be held until the next regular pay cycle.</p> <p>2 All correcting documents must be completed prior to the submission of this form (i.e. PPER, 1DED & ESMT).</p> <p>3 By requesting a supplemental check, the Agency agrees to:</p> <ul style="list-style-type: none"> a) ensure the employee has a sufficient balance in his/her account in order to process an ACH reversal, b) immediately reimburse the state should a direct deposit reversal for the original pay be rejected due to insufficient funds in the employee's account, c) return the original paper check to O/A for cancellation. 		
FOR OFFICE OF ADMINISTRATION USE ONLY		
1PAY ID FOR CORRECTED PAYMENT		
NEW CHECK NUMBER	REVERSAL CONFIRMED/CHECK REC'D <input type="checkbox"/>	
NEW GROSS AMOUNT \$	APPROVAL	
NEW NET AMOUNT \$	ENTERED	