SAM II
Statewide Advantage for Missouri

Supplemental Check/Check Cancellation Request

Supplemental Check Request

Employee Name

Employee ID | **Original Check Number**

Home Agency/Org / | **EFT** ☐ **Yes** ☐ **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:

Replace Check ☐ **Cancel Original** ☐ **Additional Amount** ☐

Preparer's Signature _____ Phone # Date

Agency Approval Signature _____ Date

FOR OFFICE OF ADMINISTRATION USE ONLY

1PAY ID for corrected payment

New Check Number | **Reversal Confirmed/Check Rec'd**

New Gross Amount $ | **Approval**

New Net Amount $ | **Entered**

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.

2 All correcting documents must be completed prior to the submission of this form (i.e. PPER, 1DED).

3 By requesting a supplemental check, the Agency agrees to:

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.