



University of Alaska Paycheck Reissue

MAU/Major Administrative Unit (select one)		Check Distribution
Last Name	First	M.
Employee ID		Work Phone

Attach copy of check stub to form. Send original paycheck to SWOHR. Send form to the appropriate office for processing. If check is missing, attach required documentation.

Adjustment Run Number _____

PHAADJT

Year (calendar)	Pay ID	Pay No	Seq No	Adjustment Action	History Date	Posting Override Date
<input type="text"/>	<input type="text" value="BW"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I = Reissue <input type="checkbox"/> B = Balance <input type="checkbox"/> A = Approve <input type="checkbox"/> 70 Disp = Done	<input type="text"/>	<input type="text"/>
					(run date)	(run date)

Document Number (old paycheck number)

Document Number (new paycheck number) Priority

Copy of paycheck attached? (select one) **Yes** **No**

If No:
 Stop payment processed as of: _____
 OR
 Stale dated as of: _____

Reason for reissue: _____

Completed by: _____ Date: _____

Approved by: _____ Date: _____

Entered by: _____ Date: _____