



UNIVERSITY
of ALASKA

Paycheck Reissue

MAU/Major Administrative Unit <i>(select one)</i>	Department/TKL T
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"/>	BW	<input type="text"/>	<input type="text"/>	I = Reissue B = Balance A = Approve 70 Disp = Done	<input type="text"/>	<input type="text"/>
					<i>(run date)</i>	<i>(run date)</i>

Document Number *(old paycheck number)*

Document Number *(new paycheck number)*

Priority

Manual Check
(attach copy of PHICHEK, if applicable)

Net Pay:

Check Date:

Handling Instructions:

Copy of paycheck attached?	Yes	No
<i>If No:</i>		
Stop payment processed as of:	<input type="text"/>	
OR		
Stale dated as of:	<input type="text"/>	

Reason for reissue:

Completed by: _____ Date: _____

Approved by: _____ Date: _____

Entered by: _____ Date: _____