Manual Check Request (CHOP) Form

Organization Information

Organization Name: _____   Organization Code: _____

Prepared by Signature: _____   Date: _____

Email: _____

Employee Information

Employee Identification #: _____   Employee Name: _____

Pay Cycle: (Select One)

☐ Monthly (M)   ☐ Biweekly (B)

Pay End Date: _____   Gross Pay: _____   Net Pay: _____

Check Delivery

Where should the check be sent? (Select One)

☐ Agency Pick Up   ☐ To Agency Payroll   ☐ To Employee via USPS

Authorized By (different than prepared by):

Signature: _____   Date: _____

Note: all sections must be completed for the request to be processed. Including, but not limited to the preparer and authorizer signatures.

For Central Payroll Unit Internal Use Only

Schedule #: _____   Batch #: _____

Check #: _____   Check Date: _____

Note: For negative amounts, put in brackets ($$$$). Negative deductions will pay the employee for negative amounts. Ensure all suspended balances have been removed before submission.

Earnings Details

Earnings Type	Time	Hourly Rate	Gross Amount	Job Class	Account Number	Pay End Date

Gross to Net (GTN) Elements

GTN	Amount

GTN	Amount

GTN	Amount

GTN	Amount

Reason*: _____

_____

If Deceased Request, Please complete

Date of Death: _____   Final Pay For (Deceased Name): _____

Beneficiary Name: _____

Beneficiary Address: _____

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For additional payroll information, including forms and schedules, please visit: osc.colorado.gov/financial-operations/central-payroll