

STATE OF NEW MEXICO  
DEPARTMENT OF FINANCE AND ADMINISTRATION

**REQUEST FOR MANUAL PAYROLL WARRANT**

-----USE BLACK INK ONLY-----

Today's Date: \_\_\_\_\_ Requested By: \_\_\_\_\_

Agency #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

PEOPLESOFT EMPLID #: \_\_\_\_\_ Pay Group \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Corrects Pay Period Ending: \_\_\_\_\_ Schedule #: \_\_\_\_\_

Approved Time In Time & Labor Today

Payable Time does Not Exist in Time & Labor Today

Reason for Manual Warrant:

\_\_\_\_\_  
\_\_\_\_\_

*If this warrant request is to replace a cancelled warrant or advice, the cancelled warrant or advice itself, and/or an Affidavit Assuming Financial Responsibility form must be attached to this request form.*

Account Distribution for Manual Warrant:

EARN TYPE (not TRC)	HOURS	RATE OF PAY
_____	____.____	____.____
_____	____.____	____.____
_____	____.____	____.____
_____	____.____	____.____
_____	____.____	____.____

Which deductions should be taken from this manual warrant? (Check only one box)

(N) All Deductions

(E) Taxes/Retirement Only

(T) Taxes Only

(i.e. NAD/NBN/TLV pay types)

When would you like this warrant? \_\_\_\_\_

Who should be contacted when this warrant is ready?

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Telephone Number)

TURN COMPLETED FORM IN TO: DFA CENTRAL PAYROLL BUREAU, ATTN: MAUREEN NASH  
(505) 827-3676 OR FAX (505) 827-1223