MANUAL CHECK REQUEST FORM

Reminder: If this is a termination check, remember to send an "Employee Change Form" with this request form and double up on deductions if necessary.

Today's Date: _____   Check Deadline/Date of Check: _____

Employee Name: _____   Last 4 of SSN: _____

Employee Address: _____

Client Name: _____   Requestor: _____

Reason For Manual: _____   Pay Period Ending : _____

If Termination, date and reason for termination: _____
Who Will Cut this Check?   ☐ Client   ☐ Xenium

If Xenium to Cut...   ☐ Direct Deposit   ☐ Mail   ☐ Pickup _____

☐ Regular Hours: _____   ☐ Overtime Hours: _____

☐ Commission: $ _____   ☐ Bonus: $ _____

☐ Vacation Hours*: _____   ☐ Sick Hours: _____

☐ PTO Hours: _____   ☐ Shift Differential: $ _____

☐ Other: _____   ☐ Other: _____

*Payroll Specialist: Please confirm Correct Vac/PTO balance will print on final checks.

What Deductions Need to be taken & the Amount**?
(Wage & Hour Law does not allow negative VA/PTO amounts to be deducted from final paychecks)

☐ 401(K) _____   ☐ Medical $_____

☐ Dental $_____   ☐ Vision $_____

☐ S125 $_____   ☐ Other: _____

**Payroll Specialist: Please confirm/process any benefit adjustments for final checks.

☐ Any outstanding loans that should be deducted from the final check? $_____
(Wage & Hour Law does not allow employees to go below minimum wage)

Comments: _____
_____

Authorized Signature: _____