

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: _____