

MANUAL CHECK REQUEST FORM (GTA, GRA, GA, P-14)

EMPLOYEE NAME: _____

EMPLOYEE SOCIAL SECURITY NUMBER: _____

PAY PERIOD OMITTED: _____

FUNDING: _____ DEPARTMENT NUMBER: _____

POSITION NUMBER: _____

EFFECTIVE DATE: _____

SEMI-MONTHLY RATE: \$ _____

REASON FOR REQUEST: _____

DEPARTMENT HEAD SIGNATURE: _____ DATE: _____

Manual checks will be available 5 business days after the regularly scheduled payday after 12 noon. Manual checks can not be directly deposited. Employee **MUST** pick up this check. A self-addressed stamped envelope must be provided for off-campus employees. Requests must be submitted no later than 3 business days after the regularly scheduled payday. Employees must be set-up and approved on the Banner HRIS system prior to submitting this request.

I understand the above statement and agree to pick up the check within a reasonable amount of time.

EMPLOYEE SIGNATURE: _____ DATE: _____

(2/97)