

# MANUAL CHECK REQUEST FORM (Wage Employee)

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE SOCIAL SECURITY NUMBER: \_\_\_\_\_

PAY PERIOD OMITTED: \_\_\_\_\_

FUNDING: \_\_\_\_\_ DEPARTMENT NUMBER: \_\_\_\_\_

POSITION NUMBER: \_\_\_\_\_

HOURLY RATE: \$ \_\_\_\_\_

HOURS WORKED (total): \_\_\_\_\_

Week 1
--------

Week 2
--------

Week 3
--------

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. Please **DO NOT** enter these hours on the Banner HRIS system.

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

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_