Manual Check Request Form

(Circle One)

NESI ***RMA*** ***RMHS***

Fill In All Below

Employee Name: _____

Manager: _____

Site Location: _____

Person Requesting Manual Check: _____

Reason for manual check: ***Lost Check*** ↑ ***Incorrect Hours*** ↑ ***Late Timecard*** ↑

Late Paperwork ↑ ***Other*** ↑

Detailed Explanation: ***(Required)*** _____

_____

_____

_____

_____

_____

Employee Signature: _____ ***Date*** _____

Manager Signature: _____ ***Date:*** _____

Divisional Director Signature: _____ ***Date*** _____

Payroll Fax Number: (978) 741-7110

For Payroll Office Use Only

Accounting Approval Signature: _____

CFO, Controller, Asst. Controller

Payroll Manager Signature: _____

Employee File #: _____ ***Company Code:*** _____

Check #: _____ ***Date Issued:*** _____