



1105.1.1f - UNC-CH Manual Check Request Form

Department Name: _____ Dept. No.: _____

Employee Information *(Please enter the employee's name as it appears in the HR/Payroll System)*

PID (Empl ID): _____ First Name: _____ MI: _____ Last Name: _____

Paid on the: _____ Monthly Payroll (\$406 minimum gross) _____ Biweekly Payroll (\$290 minimum gross)

Employee Type: _____ *(Drop down bar will work when the pdf is downloaded)*

Check Request Information

Estimated Gross Amount of Off-Cycle Check \$

Reason for Request

Detailed Explanation *(required)*:

Prepared by: _____ Phone Number: _____ Date: _____

Signatures *(Required; HR Officer's supervisor may sign in their place)*

HR Officer Signature: _____ Date: _____

HR Officer Name: _____

Attach this completed form to Remedy ticket.

For Payroll Services Use Only

Off-Cycle Payroll ID: _____ Check # _____ Check Date: _____

Gross Amount: _____ Net Amount: \$ _____

Payroll Services _____ Date _____

Questions about this form? Contact Payroll Services at 919-962-0047 or Payroll@unc.edu