

**Human Resources**

222 Administration Building • Fayetteville Arkansas 72701 • (479) 575-5351 • (479) 575-6971 (FAX)

**XPAY-SUMT Manual Check Request**

**Employee Name:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

**Gross dollar amount:** \_\_\_\_\_

**CCN to charge:** \_\_\_\_\_

**Reason for request:** \_\_\_\_\_

**Check will be available for pick up in the Arkansas Union room 214 with a picture id.**

**Email or phone # for notification when ready:** \_\_\_\_\_

**Summer School**

**XPAY dates:** \_\_\_\_\_

**SUMT Summer Session:** \_\_\_\_\_

**Manual check fee is \$50.00 per check (only applicable if you request check NOW)**

**Cost Center Number:** \_\_\_\_\_

**Departmental Category:** \_\_\_\_\_

(This fee can not be charged to a grant or cost sharing)

**Approver Signature:** \_\_\_\_\_

**Approver Signature:** \_\_\_\_\_

**Approver Signature:** \_\_\_\_\_

**Person initiating this form:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

HR USE ONLY	
I9-DF _____	ADJ # _____
NRA _____	Date processed _____

**Please fax this completed form to Payroll at (479)575-6971.**