

PAYROLL X-PRESS CHECK REQUEST

Employee Name:	Red ID #:
Department Name:	Today's Date:
REASON: (Check One)	
report.	Worked in a Pervious Pay Period form and current Kronos punch detail
	e paperwork — submitted on:
_	urs not entered in Kronos
	ployee worked without being rehired
Ŭ Otr	er (Please describe)
☐ PR ADJUSTMENT - Type:	
☐ LOST PAYROLL CHECK - Che	ck Number: Check Date:
	paration form and Termination Report (If applicable). will work/have worked hours on last day of employment.
NOTE: X-Press checks will be available	e 24 hours after receipt of this request.
Please release X-Press check for the a	bove employee on:
Supervisor/Manager Signature:	Date:
Payroll Approval:	Date:
PAYROLL USE ONLY:	
TAINGLE GOL GREIN	
HED Entry: Hours re-entered:	Reg OT DT HOL VAC SICK
Additional deductions adjusted:	
Check voided in payroll: YES	IO PPE Stop Payment Confirmation No
X-Press Check #: Proc	essed by: Date: