

Ambassador Healthcare  
Payroll Manual Check Request

DATE: \_\_\_\_\_

FACILITY: \_\_\_\_\_

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

REASON FOR REQUEST				
<b>MISSED HOURS</b>				
_____	Hours missed by facility			
_____	Hours missed by employee			
_____	Other (please specify)			
_____				
<b>TERMINATION</b>				
_____	Voluntary			
_____	Involuntary			
_____	Date of Termination			
<b>HOURS</b>				
<u>Type</u>	<u>Hours</u>	<u>Rate</u>	<u>Gross</u>	
Regular	_____	X	_____	_____
Overtime	_____	X	_____	_____
Shift Diff.	_____	X	_____	_____
Holiday	_____	X	_____	_____
Vacation	_____	X	_____	_____
Other (specify)	_____	X	_____	_____
<b>DOLLARS</b>				
<u>Type</u>	<u>Amount</u>			
Bonus	_____			
Retro	_____			
Insurance	_____			
Other (specify)	_____			
<b>SIGNATURES</b>				
_____			_____	
Business Office			Administrator	