



WASTE CONNECTIONS INC.

PR Approval: _____
Reason Code: _____

# Payroll Manual Check Request

Date: \_\_\_\_\_ Region: \_\_\_\_\_ Site No: \_\_\_\_\_ PSID: \_\_\_\_\_

Site Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ ID# \_\_\_\_\_ Salary Hourly Daily  
Circle One

Reason for Check: \_\_\_\_\_

### Earnings:

Reg Code:		Hrs:		Rate:		Earnings:	
OT Code:		Hrs:		Rate:		Earnings:	
Vac Code:		Hrs:		Rate:		Earnings:	
Pers Code:		Hrs:		Rate:		Earnings:	
Sick Code:		Hrs:		Rate:		Earnings:	
Bonus Code:		Hrs:		Rate:		Earnings:	
Other Code:		Hrs:		Rate:		Earnings:	
Other Code:		Hrs:		Rate:		Earnings:	

### Deductions

Med Code:		Amt:	
ER Med Code:		Amt:	
Garn Code:		Amt:	
401K Code:		Amt:	
Other Code:		Amt:	
Other Code:		Amt:	
Other Code:		Amt:	
Other Code:		Amt:	
Other Code:		Amt:	

<b><u>VACATION PAYOUT</u></b>	
Initial Balance:	_____
Accrued:	_____
Used:	_____
Payout	_____
<b><u>ACCRUAL ADJUSTMENT</u></b>	
Vacation Hours:	_____
Sick Hours:	_____
PTO Hours:	_____

Manager Approval: \_\_\_\_\_

DVP Approval: \_\_\_\_\_

<b><u>Delivery Information:</u></b>	
_____ Check	Check #: _____
_____ Paycard	Paycard #: _____
Deliver to Site #: _____	Attn: _____
Deliver to Home Address: _____	