

**Please Check and Completed the information below:**

Alternative Dates (Complete Section Below)

No Change Required

Call in Date: \_\_\_\_\_ Check Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Client Authorized  
Representative: \_\_\_\_\_

Client Authorized  
Signature: \_\_\_\_\_

Call in Date: \_\_\_\_\_ Check Date: \_\_\_\_\_

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

***Please return the completed form to your Payroll Team no later than Friday, December 15th***