



## Payroll Check Release Request

Date:

Employee (Print Name): Name:

(First, Middle Initial, Last)

SS #:      —      —

Work Telephone: Area Code (      )      —      Ext:

Home Telephone: Area Code (      )      —      Ext:

I hereby request that Ardelle Associates, Inc. release my current payroll check for the pay period ending      .

Please release this check to:      .

(Name of person picking up check)

I understand that this person must show two forms of identification and sign for the check when picked up. I also understand that releasing this check to the above named person relieves Ardelle Associates, Inc. of any further responsibility for this check.

Please make a copy of this form and ask the person picking up your check to deliver the completed form at, or prior to pickup.

Signature: \_\_\_\_\_

Mail or Fax to :

AA Temps  
344 Commerce St.  
Alexandria, VA 22314

Questions? Call: 703-518-9960

Facsimile: **703-518-9965**