

REQUEST FORM FOR OFF-CYCLE CHECKS

Emp ID _____ Emp Record # _____

Employee Name _____ Pay Group _____

Division/Department/Name _____

Time Owed: _____ Hours _____ Earnings Code _____

Dollars owed: _____ Earnings Code _____

Date Requested _____ Account Number _____

Form Prepared by _____

Name of Requestor _____
(Please print)

Phone number to contact _____

Reason: _____

_____ -7000
 Account number Sub Code must be 7000 effective 10/2010

There will be a \$30 charge per off-cycle check. Please include an account number for that charge.

Do not write below this line

PAYROLL USE ONLY

PP Processed _____ Payroll Processor: _____ Date _____ Page # _____ Check # _____	T & L Approved _____ Full _____ Partial _____ Partial w/ deductions _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><u>Benefit</u></td> <td style="width: 50%; text-align: center;"><u>General Deductions</u></td> </tr> <tr> <td>All _____</td> <td>All _____</td> </tr> <tr> <td>Subset ER _____</td> <td></td> </tr> <tr> <td>Subset EE & ER _____</td> <td>None _____</td> </tr> </table>	<u>Benefit</u>	<u>General Deductions</u>	All _____	All _____	Subset ER _____		Subset EE & ER _____	None _____
<u>Benefit</u>	<u>General Deductions</u>								
All _____	All _____								
Subset ER _____									
Subset EE & ER _____	None _____								

Upon picking up the check at the payroll window, please print and sign your name below, along with the date

 Signature Date

 Print Name