

# REQUEST FORM FOR OFF-CYCLE CHECKS

Empl ID \_\_\_\_\_ Empl Record Number \_\_\_\_\_

Employee Name \_\_\_\_\_ Pay Group \_\_\_\_\_

Division/Department \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\*Account number

\_\_\_\_\_  
Sub Code > 2100

**\*Effective 7/1/2007 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 _____	T & L Approved _____
Page # _____	Full/Partial check _____
Check # _____	Benefit
Payroll Processor:	• All _____
_____	• Subset ER _____
Date _____	• Subset EE & ER _____
	General Deductions
	• All _____
	• None _____

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Representative \_\_\_\_\_ Date \_\_\_\_\_