

Human Resources

Off Cycle Check Request

Date: _____

I _____ was not paid on the payday of _____.
(Print name)

I am requesting an Off Cycle Check be produced prior to the next payday.

Employee Signature (Required): _____ Employee ID#: _____
(Unsigned Forms Will Not Be Processed)

Department Name: _____ Department ID#: _____

Position #: _____ Pay Period End Date: _____

Please check appropriate box below and complete:

Hourly – timesheet must be attached

Hourly rate: _____ Number of hours: _____ Amount to be paid: _____

Salaried – Indicate reason for payment (i.e. back pay, regular salary, etc.)

Reason for request:

I spoke with my Payroll Specialist, _____ on _____ about this request.
I understand that the check will be ready for pick up on _____ provided the paperwork is delivered
as discussed.

Authorized Departmental Signature: _____

Employees must present picture identification when claiming their Off Cycle Check
at the HR window located in the Centennial Building, #91.