



**PAYROLL SERVICES  
OFF-CYCLE CHECK REQUEST**

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE ID#: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

TOTAL AMOUNT TO BE PAID:

HOURS \_\_\_\_\_ OR \$ \_\_\_\_\_

*PLEASE ATTACH TIME SHEET OR OTHER SUPPORTING DOCUMENTATION*

REASON FOR OFF-CYCLE REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUDGET MGR/SUPERVISOR APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_

PAYROLL SERVICES: \_\_\_\_\_ DATE \_\_\_\_\_

*OFF-CYCLE CHECKS ARE PROCESSED AFTER THE CLOSE OF THE CURRENT PAYROLL PROCESS.*