

Department Name \_\_\_\_\_ OUC \_\_\_\_\_

**EMPLOYEE INFORMATION** (Please enter the employee's name as it appears in the HR System)

Empl ID # \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Paid on the:  Monthly Payroll (\$594 minimum gross)  Bi-weekly Payroll (\$294 minimum gross)

Employment Type:  EPA  SPA  Post Doc  Grad Asst.  Temporary

**CHECK REQUEST INFORMATION**

Estimated Gross Amount of Off-Cycle Check \_\_\_\_\_

**Reason for Request:** (Check the appropriate box AND provide detail on lines below)

- Untimely submission of paperwork/action by department  Central Office Error (explain below)
- Untimely submission of paperwork/timesheet by employee  University Payroll Office Error (explain below)

**Detailed Explanation (required):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prepared by \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURES/APPROVALS** (Required; co-signature not allowed)

Dean or Department Head/VC \_\_\_\_\_ Date \_\_\_\_\_

Central Office (EPA,SPA, GRAD) \_\_\_\_\_ Date \_\_\_\_\_

**Submit completed form to appropriate personnel office: Grad School, CALS Personnel, HRIM**

**FOR UNIVERSITY PAYROLL USE ONLY**

X-Cycle ID \_\_\_\_\_ Check # \_\_\_\_\_ Check Date \_\_\_\_\_

Gross Amount \_\_\_\_\_ Net Amount \_\_\_\_\_ CDC \_\_\_\_\_

Payroll Office \_\_\_\_\_ Date \_\_\_\_\_