

OUT-OF-CYCLE PAYROLL CHECK REQUEST FORM



EMAIL TO: FIN-PAYROLL PROCESSORS
FORM MUST BE SIGNED BY DIRECTOR

Department : _____ Department #: _____
 Today's Date: _____ Form Completed by: _____
 Employee Name: _____ Employee ID#: _____

PROVIDE CORRECTED AND/OR MISSED PUNCHES ONLY - INDICATE AM OR PM						Sworn EE's Only
DATE	IN	LUNCH OUT	LUNCH IN	OUT	HOURS	TRC
Sat						
Sun						
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						
Sun						
Mon						
Tues						
Wed						
Thur						
Fri						

Supplemental Pay(s)			Late Leave Request <i>"Leave Cards Must be In System & Approved"</i>		
EARNING					
DATE	CODE	HRS/UNITS	DATE	LEAVE TYPE	HOURS

Reason for Request: (Circle all that apply)

- 1 Employee Terminated
- 2 New hire paperwork not received in time for processing
- 3 Hours incorrect or not submitted
- 4 Payroll/HR processing error
- 5 Other _____

Signature: _____ Print Name _____
 Director's Signature Contact Phone # _____

For FIN-PAYROLL (FINANCE) Use Only

- Approved Denied
- Load to Off-cycle Load to On-cycle

Comments: _____

Processed By : _____ Date Completed : _____

Please allow up to 48 hours for processing
Payroll will Notify the Department and/or Employee when the Check is Prepared for Pick-Up