

Request for Off Cycle Payroll Payment

DATE: _____ **Note:** Checks are mailed to home address and pay stubs are viewable in ESS.
 TO: Payroll Operations Direct deposit advice will be viewable in ESS.
 FROM: _____

Organizational Name _____ Organizational Number _____

RE: _____
 EMPLOYEE LAST NAME EMPLOYEE FIRST NAME M Number

PAY FREQUENCY (check one): Biweekly Monthly **EMP TYPE** (check one): Faculty Staff Student

LATE PAY REQUEST ONLY

This employee did not receive the total payment due on the appropriate pay date for the **payroll period** beginning _____ and ending _____.

BIWEEKLY RECURRING PAY: BIWEEKLY RATE: \$ _____ x # OF DAYS _____ = **TOTAL DUE \$** _____

-OR-

HOURLY EMPLOYEE: HOURS DUE: _____ x \$ _____ PER HOUR = **TOTAL DUE \$** _____

(Corrections must be input into the UCflex Time and Attendance System and approved **before** submission of the off cycle request)

-OR-

MONTHLY SALARIED EMPLOYEE: GROSS AMOUNT DUE: \$ _____

Detailed reason the payment was not made on the regular pay cycle:

SIGNATURES REQUIRED (3) FOR AUTHORIZATION AND APPROVAL

Your signature confirms that you have thoroughly read and understood the [“Policy Guidelines for Off-Cycle Payroll Payment”](#) and that this off-cycle, to the best of your knowledge, is eligible for processing

 (1) Employee – Employee must sign. Date

 (2) Department Head/Authorized Departmental Representative Date
 Department approval cannot be the same person completing this form.

 Printed Name of Person Completing Form - PRINT CLEARLY Phone Number

 (3) Signature of person completing this form. Date