Human Resources

UCF | UNIVERSITY OF CENTRAL FLORIDA

Off Cycle Check Request Form

This form should only be completed if an employee has missed a paycheck for the most current pay date. A $50.00 fee will be charged to your department's operation account if this is a departmental error. An alternate account may be noted below. Please use the Payroll Calendar for deadlines.

*Please ensure that any retroactive hours or job actions are approved in Workday prior to submitting this form, along with a Workday Help Case.

Employee's Name: —————————————— Employee ID: ——————— Record #: ———

Department Name: _____ Funding Department #: _____

Alternate account to charge fee: _____ (operations or overhead only)

Reason for Request:

_____

Pay Period Begin Date	Pay Period End Date	Total Number of Hours to be Paid	Hourly Rate of Pay	Total Amount
			$	$

Prepared By: _____ Telephone #: _____
(Please Print Your Name)

Approved By: _____ Approved By: _____
(Please Print Your Name)   (Signature)

FOR HUMAN RESOURCES USE ONLY

If no $50 fee was charged, the reason was due to HR error. Explain the error.

_____

Verified this amount not previously paid: _____

FAPLAN Eligible: Yes (OPS Ee)   No (Student or Benefits Eligible Ee)

Pay Group _____ Page # _____ Check # _____

Approved by: _____   _____
                        Payroll   Benefits