



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. Please use the Payroll Calendar for deadlines.

***Please ensure that the Timesheet and/or Leave & Pay Exception Report is attached.
Mail, deliver or fax to HR Payroll Services at (407) 384-2864.**

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

Department Name: _____ Funding Department #: _____

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 included in Additional Pay Data : _____ (initials)

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

Subset Type: RET 3PD SUM

Pay Group _____ Page # _____ Check # _____

Approved by: _____
Payroll Mgr or Asst Mgr Benefits Mgr or Asst Mgr