UCF

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 the Timesheet and/or Leave & Pay Exception Report is attached. Mail, deliver or fax to HR Payroll Services at (407) **823-0582**.

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 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

Updated 03/2013