



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.

Mailing Instructions: email to payroll@ucf.edu or send via secure fax to (407) 882-9026

Employee’s Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Record #: \_\_\_\_\_

Department Name: \_\_\_\_\_ Funding Department #: \_\_\_\_\_

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

Reason for Request:

Table with 5 columns: 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 : \_\_\_\_\_
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