

UTSA[®] Off-Cycle Payroll Check Request Form

Today's Date:

Instructions: Complete all section below and send the completed form by email to payroll@utsa.edu or fax to 210.458.4236. See [FMOG-Off-Cycle Payroll Checks](#) for additional information. Requested Off-Cycle checks are ready on the **5th business day after** the recent payday due, or **3 to 5 business days** after receipt of request by the Payroll Office if the missing pay is more than one payday past due.

Eligibility Checklist *(The employee must meet all the following criteria prior to completing and submitting the form.)*

Off-Cycle Checks can be requested when the following criteria are met:

- The employee's Position change, Job change, Hire/Re-hire action request, Pay Rate change, Time & Labor entry, or Payroll Voucher submission did not meet the Human Resources or Payroll Office deadline, and;
- The requested earnings are considered Regular Salary or Hourly Wages, and;
- The Regular Salary or wage is at least:
 - \$70 for all student employees and other employees with a Full Time Equivalent (FTE) \leq to .50, or
 - \$250 for all other employees with a FTE $>$.50 and;
- The employee experiences and declares a financial hardship situation due to the missing earnings by affirming through signature on this Off-Cycle Payroll Check Request form.

Department Information

Contact/Preparer Name:	<input type="text"/>	Phone Number	<input type="text"/>
Name of Approving Administrator:	<input type="text"/>	Phone Number	<input type="text"/>
Department Name:	<input type="text"/>		

Employee Information *(Do not enter Social Security or Banner Numbers)*

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
Job Title:	<input type="text"/>	Empl ID:	<input type="text"/>		
E-mail:	<input type="text"/>	Phone Number	<input type="text"/>		

Employee will be contacted when check is ready.

Type of Employee *(Select **one** of the following below)* *(Please indicate the missing hours or salary from the regular paycheck.)*

Affected Pay Period		Beginning:	<input type="text"/>	End Date:	<input type="text"/>
<input type="radio"/> Student	<input type="radio"/> Hourly	Missing Hours not Paid:	<input type="text"/>	Estimate Hourly Amount:	<input type="text"/>
<input type="radio"/> Staff	<input type="radio"/> Salary	Missing Salary not Paid:		<input type="text"/>	

I agree and acknowledge the requested check will be ready on the **5th business day after** the recent payday due, or **3 to 5 business days** after receipt of request by the Payroll Office if the missing pay is more than one payday past due. I was not paid on time which has created a financial hardship situation for myself. I am requesting a paper check be issued prior to my next regular payday. I acknowledge and agree to pick up the check in person with a valid photo identification at the Payroll Office.

Employee Signature: _____ Date:

Note: Do not request Off-Cycle check request if employee is unable to pick up the payroll check in person.

Reason for Off-Cycle Check

(Please provide Earnings Specific Details.)

- ☐ Employee submitted late time sheet after due date.
- ☐ Supervisor approved time sheet late or failed to submit to timekeeper.
- ☐ Timekeeper failed to meet deadline.
- ☐ *Other:* Please explain reason why in box below.

Resolution: Please describe any action(s) to taken in order to prevent future occurrences.

Authorization

By signing this form below, you are acknowledging that you have read and understand the instructions for the Off-Cycle Payroll Check Request Form and certify that the required documentation has been completed by all necessary departments. Failure may lead to the denial of the request.

Supervisor name:

Supervisor Signature: _____

Date:

Approving Administrator Signature: _____

Date:

PAYROLL USE ONLY:

Payroll Administrator Approval/Denial Name: _____

Date:

Comments: