



Off-cycle Payroll Check Authorization Form

*** Deadline for off-cycle payroll request due by Noon on Wednesday of non-payroll week.

Payroll FAX Number: 487-3220

Payroll Phone Number: 487-2130

Date of Request:

Employee Name:

"M" Number:

Pay Period No. & Date:

Reason:

REQUIRED: Initial the following as they apply:

I have matched the "M" number with employee name.

I have included a signed time sheet in the standard/revised format with hours.

Off-cycle Check Fee (\$ 15 If applicable) Index:

Preparers Name & Signature:

Phone:

Department:

Financial Manager Signature: