

Off-Cycle Payroll Payment Request Form

Date:	Department Submitting R	equest:		
Employee No:	Last Name:	MI:	First Name:	
Employee Group:	☐ Staff Hourly	☐ Staff Salary		Faculty
	☐ Student Hourly	☐ Student Stipend		Retiree
For Pay Period(s):				
Reason for Request: (ch	eck the appropriate box AND provide detail	in the box below)		
☐ Tir	nesheet Error(CATS/ESS)	☐ Addition	nal Pay	
□ De	partmental Error	☐ Other		
□ Aw	vard			
Explanation: (required) Provide any additional details	s below and attach all relevant documentati	on such as timesheets, e-forms, and	l/or emails	
An off-cycle navroll is go	enerally processed on the 3 rd busi	ness day following navday	In order to be c	onsidered for the off-ovel-
payroll, requests must be	e delivered to Payroll in the Jackson t be approved and finalized .			
efficient manner. Payroll	ded to be used as an alternative to errors which fall under the responsemesheets) will be corrected on the	sibility of the employee (i.e. r	nissing or incomp	· · · · · · · · · · · · · · · · · · ·
Requested By:		Date:	Phon	e:
FOR PAYROLL USE ONLY			11 1-5	
Date Received		No. of Hours	Hourly Rate	Net Amount Paid

Processed By