

Clemson University

Payroll Office

REQUEST FOR OFF-CYCLE PAYROLL PROCESS

For: _____ / _____ / _____
Employee Name Employee ID# Pay Group

Pay Due

Must Attach a Hard Copy Special Pay to be entered by Payroll. Do not enter at department level.

____ Full Pay or ____ Partial Pay

Check Date of Missed Pay _____ Amount to Pay _____

Overpayment (Submit one form for each payday the person was overpaid.)

Check Date to Adjust _____ Check # to Adjust _____

Original Gross \$ _____ Corrected Gross \$ _____

Detailed explanation of what caused the payroll error:

It is the responsibility of the department to notify the employee that an off-cycle check request will create a (live) check, **if applicable**, which can be picked up at the Administrative Services Building or it can be mailed.

____ Hold check for pick-up. If this option is chosen, Payroll will call the department person listed below when the check is ready. Do NOT send the employee to pick-up the check until you have heard from Payroll.

____ Mail to: _____
Mailing Address City State Zip

There is a \$10.00 charge, per off-cycle request, payable by the department at the time of request. Fill in the account information for the Journal Entry below. Fund 20 cannot be used for this fee.

7322 _____
Acct Fund Dept Prog Class Proj/Grt

Printed Name of person making request / Date

Title / Department # / Phone #

Printed Name / Signature, Budget Center HR Partner / Date

Once the form is completed and signed, the HR Partner should e-mail the form, and Special Pay if applicable, to their direct supervisor for processing.