



Off Cycle Payment Request Form

PRA-PAY-6005F

Revision 02 | Date 11/20/2013

| Employee Information | | Off-cycle Type | Payment Method | |
|--|--------------|--|--|-------------|
| Name: | | <input type="radio"/> Regular Off-Cycle | <input type="radio"/> Direct Deposit - Default | |
| Company Code: | | <input type="radio"/> On-Demand* | <input type="radio"/> Printed Check* - Mailed to EE Address | |
| Employee ID: | | <input type="radio"/> Check Reversal | <input type="radio"/> Pay Card Issued - On Demand | |
| Record No: | Pay Group: | | <input type="radio"/> Printed Check - On Demand | |
| | | <small>*On-Demand checks must be signed off on by CHRO</small> | <small>*Printed check can only be selected if the employee has a valid DD exempt form on file.</small> | |
| Reason For Off Cycle Request | | Mailing Address For On Demand Check: | | |
| <input type="radio"/> Reverse an incorrect payment | | Attention: | | |
| Stop payment required? <input type="radio"/> No <input type="radio"/> Yes Check #: | | Address: | | |
| Check Amount: Check Date: | | City, ST, ZIP: | | |
| <input type="radio"/> Employee was involuntarily terminated | | | | |
| Explanation: | | | | |
| <input type="radio"/> Employee submitted time but time approver did not approve | | | | |
| Explanation: | | | | |
| <input type="radio"/> Employee has received less than 50% of their wages | | | | |
| Explanation: | | | | |
| <input type="radio"/> Employee is owed 10 hours or more | | | | |
| Explanation: | | | | |
| <input type="radio"/> Administrative error | | | | |
| Explanation: | | | | |
| Payment Details | | | | |
| Pay Line 1: | ERN Code | PP Beg. | PP End | # Hours |
| Pay Line 2: | ERN Code | PP Beg. | PP End | # Hours |
| Pay Line 3: | ERN Code | PP Beg. | PP End | # Hours |
| | | | | Hourly Rt |
| | | | | Hourly Rt |
| | | | | Hourly Rt |
| | | | | Total Gross |
| | | | | Total Gross |
| | | | | Total Gross |
| Special Processing Instructions (deductions, taxes, etc.) | | | | |
| | | | | |
| Approvals: | | | | |
| Supervisor Signature: _____ | | | | |
| HR Signature: _____ | | | | |
| Payroll Signature: _____ | | | | |
| CHRO Signature: _____ | | | | |
| <small>(Required on all on-demand checks)</small> | | | | |
| For SSC Use Only | | | | |
| Off-Cycle Approved? <input type="radio"/> Yes <input type="radio"/> No | | | | |
| Reason for denial: | | | | |
| (Stop Payments/Direct Deposit Pull-backs) | | | | |
| Stop payment request complete? | | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A | HCM Reverse Complete? <input type="radio"/> Yes <input type="radio"/> No | |
| Off Cycle Check Detail | | | | |
| Pay run ID: | Page Number: | Gross: | Net: | |
| Check Confirm Date: | Processor: | Check/Advice #: | | |
| Other Information: | | | | |