Off-Cycle Payment Request
Form

UNIVERSITY SYSTEM OF GEORGIA
OneUSG Connect

Employee Information

Name: _____

Employee ID: _____ **Rcd #:** _____ **Pay Group:** _____

Company: _____

Off-Cycle Type

◯ Standard

◯ Emergency*

*Emergency payments must be approved by your Chief Business Officer.

Payment Method

◯ Direct Deposit - Default

◯ Printed Check**

◯ Pay Card Issued**

**Printed check and PayCard can only be issued if the employee has a valid DD exempt form on file.

Justification For Off-Cycle Request

◯ Administrative error

◯ Employee received less than 50% wages

◯ Employee owed 10 hours or more

◯ Employee was involuntarily terminated

◯ Reported system issue (include ticket number below)

Reported Ticket # _____

Root Cause Analysis

Responsible Party

◯ Payroll ◯ Benefits ◯ HR ◯ Department ◯ Employee ◯ System ◯ Manager ◯ Other _____

Reason Detail

◯ Addl pay setup   ◯ Alight issue   ◯ Comp frequency   ◯ Conversion issue   ◯ Tax setup
◯ Delay in paperwork   ◯ DD reject/setup   ◯ Job data setup   ◯ LOA issue   ◯ Pay rate incorrect
◯ Position setup   ◯ Deduction setup   ◯ Hours not entered/approved   ◯ System access   ◯ EE TL setup incorrect
◯ Garnishment setup   ◯ Retro Hire   ◯ Time not converted   ◯ Other _____

Detailed Explanation: _____

Payment Details

Should hours be loaded from TL?

◯ **YES**

Has Worked **Payable** Time Been Converted and Approved? ◯ Yes ◯ No

TL Load Beg Date _____ TL Load End Date _____ Expected hours to load _____

Does an absence event need to be paid? ◯ Yes ◯ No Date(s) of absence: _____

Has the absence event been approved? ◯ Yes ◯ No

◯ **NO**

Pay Line 1: ERN Code _____ Amount _____

PP Begin: _____ PP End: _____

Pay Line 2: ERN Code _____ Amount _____

PP Begin: _____ PP End: _____

Special Processing Instructions (deductions to be withheld, taxes, retirement, etc.)

Retirement: ◯ Yes ◯ No   Deductions: ◯ Yes ◯ No   Combo code if different from home dept: _____

_____

Approvals:

Payroll: _____

Payroll signature required for ALL requests.

CBO: _____

(CBO Approval Required for all emergency payments) In accordance with the BPM, an undue hardship will occur for this employee if this payment is not received before the next regularly scheduled off cycle pay date.

HR: _____

HR signature required for ALL requests.

Supervisor: _____

Supervisor signature is only required in instances where Time/Labor and Absences are being paid.

For SSC Use Only

Off-Cycle Approved?

◯ Yes ◯ No

Reason for denial:

◯ Required approvals missing

◯ Payable time not approved

◯ Does not meet BPM guidelines

◯ Incomplete root cause analysis

◯ Other (see below)

_____