

Sciences Off-Cycle Check Request

INSTRUCTIONS: Please complete this form and submit to COS HR via [email](#)

Department Name _____ OUC _____

EMPLOYEE INFORMATION (Please enter the employee's name as it appears in the HR System)

Empl ID # _____ First Name _____ MI _____ Last Name _____

Paid on the: ☐ Monthly Payroll (\$594 minimum gross) ☐ Bi-weekly Payroll (\$294 minimum gross)

Employment Type: ☐ EHRA ☐ SHRA ☐ Post Doc ☐ Grad Asst ☐ Temporary ☐ Student Worker

CHECK REQUEST INFORMATION

Estimated Gross Amount of Off-Cycle Check _____

Reason for Request: (Check the appropriate box AND provide detail on lines below)

- | | |
|---|--|
| <input type="checkbox"/> Untimely submission of paperwork/action by department | <input type="checkbox"/> University HR Error (explain below) |
| <input type="checkbox"/> Untimely submission of paperwork/timesheet by employee | <input type="checkbox"/> University Payroll Office Error (explain below) |
| <input type="checkbox"/> Supervisor Error (explain below) | <input type="checkbox"/> Wolftime System Error (explain below) |
| <input type="checkbox"/> Dept. Business Officer Error (explain below) | <input type="checkbox"/> College office Error (explain below) |

Detailed Explanation (required):

Prepared by _____ **Phone Number** _____ **Date** _____

SIGNATURES/APPROVALS (Required)

Department Business Officer _____ **Date** _____

Dean or Department Head/VC _____ **Date** _____

Asst. Dean for Culture, Talent, HR _____ **Date** _____

Central Office (EPA, SPA, GRAD) _____ **Date** _____

FOR UNIVERSITY PAYROLL USE ONLY

X-Cycle ID _____ Check # _____ Check Date _____

Gross Amount _____ Net Amount _____ CDC _____

Payroll Office _____ Date _____