

Payroll Off-Cycle Payment Request

To be completed when an off-cycle payroll payment is being requested.

EMPLOYEE INFORMATION

Employee Name: _____		PSU ID #: _____	
Business Area: _____			
Payroll Type #:	<input type="checkbox"/> Monthly Payroll	<input type="checkbox"/> Bi-weekly Payroll	
Employment Type:	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Tech Service <input type="checkbox"/> Post Doc <input type="checkbox"/> Grad Asst. <input type="checkbox"/> Part-time

PAYMENT REQUEST INFORMATION

Estimated Gross Amount of Off-Cycle Payment: _____	
Reason for Request: (Check the appropriate box AND provide detailed explanation)	
<input type="checkbox"/> Untimely submission of paperwork/timesheet/action by the department	<input type="checkbox"/> HR/Central Office Error
<input type="checkbox"/> Untimely submission of paperwork/timesheet by employee	<input type="checkbox"/> University Payroll Office Error
Detailed Explanation (required): 	
Request Prepared By: _____	Date: _____
PSU email: _____	PSU Telephone #: _____

APPROVALS

Dean or Department Head: _____	Date: _____
PSU email: _____	PSU Telephone #: _____
Submit completed form to the Payroll Office via WorkDay Neocase ticketing system.	

UNIVERSITY PAYROLL OFFICE USE ONLY

Off-Cycle ID #: _____	ACH Payment: _____
Check #: _____	Payment Date: _____
Gross Amount: _____	Net Amount: _____
Payroll Office: _____	Date: _____