Print Form

REQUEST FOR OFF-CYCLE MANUAL PAYCHECK

EMPLOYEE DATA:

Name_____ EMPLID _____

Agency Name & Number _____ PPE _____ Payday _____

REASON FOR REQUEST: (Cancel paper warrant -attach copy of Stop Payment Documentation)

EXPLAIN: _____

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Complete Off Cycle page two for what needs to be paid.

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Deductions for a whole pay period will come out as normal, except health insurance. Health insurance will be done through arrears process. Deductions for a partial pay period will not be deducted, except for retirement and garnishments where applicable. If you need a deduction taken that does not fit in the above statement, please indicate below.

Deductions that need to be taken: _____

_____

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SIGNATURE

Agency Approval _____Date _____ Time _____

Telephone _____ ext _____ Fax # _____

Date: _____

Prepared by: _____ Gross: _____ Net: _____ Check #: _____Stock # _____

I ACKNOWLEDGE RECEIPT OF A CHECK WITH THE ABOVE NUMBER, DATE, and PAYEE

SIGN HERE _____ **DATE** _____

FAX APPROVED FORM TO: DAS-HRD PAYROLL SERVICES @ (614) 466-1565

Note: Form will be processed if it is approved by an authorized agency central office employee