

Off Cycle Payment Request

See instructions on page 2.

Name		Empl ID	Empl Rcd #
Entity and Dept ID	Company	Job Code	Pay Period Ending
Check One: <input type="checkbox"/> Pick Up at Payroll Services <input type="checkbox"/> Mail to Home			

Note: Payroll Services will notify the preparer when check is available for pick up. If not picked up by 4:00 p.m. on the date available, the check will be mailed to the employee's primary address. All mailed checks will be sent to the employee's primary home address unless otherwise noted.

ALL REQUESTS MUST HAVE THE DISTRIBUTION SECTION COMPLETED.

Hourly/Exceptional Hourly

Earning Code	Hours	Hourly Rate
Combo Code		

Earning Code	Hours	Hourly Rate
Combo Code		

Salaried

Earning Code	Salary Amount
Combo Code	

Earning Code	Salary Amount
Combo Code	

Comments

Prepared by	Phone	Date
Dept. Authorized Signature	Phone	Date

OFF CYCLE PAYMENT REQUEST INSTRUCTIONS

The Off Cycle Payment Request Form is completed by the ACES and forwarded to Payroll Services for processing. The form may be either mailed to Payroll Services at 1300 S. 2nd St. Suite 545, Minneapolis, MN 55454, or faxed to (612) 626-1053.

If an employee has a payment due for more than one Empl Rcd #, a separate form must be completed for each. For questions, contact Payroll Services at (612) 625-2016. Requests will be acted upon within 48 hours of receipt. If additional information is needed, the department preparer will be contacted immediately.

Name: Enter the employee's primary name as it appears on the system.

Empl ID: Enter the employee's Empl ID

Empl Rcd #: Enter the Empl Rcd # for which the payment is being requested.

Dept. ID: From job data, enter the Department ID as it appears for that Rcd #.

Company: From job data, enter the Company as it appears for that Rcd #.

Job Code: From job data, enter the Job Code as it appears for that Rcd #.

Pay Period Ending: Enter the Pay Period End Date for which the employee was not partially or totally paid.

Check One: Check if the check is to be mailed or picked up at Payroll Services.

Distribution Section:

If the employee is hourly or exception hourly, enter the earning code, hours and hourly rate to be paid on this request. Two lines are provided. If additional lines are needed, attach a second form.

If the employee is salaried, enter the earning code and salary amount. Two lines are provided. If additional lines are needed, attach a second form.

The combo code must be completed for all payment requests. Complete the combo code for each line.

Comments: Enter any comments.

Prepared By, Phone and Date: Signature of the individual that completes the form. This is the individual Payroll Services will contact when the check is available for pick-up.

Dept Authorized Signature, Phone and Date: To be signed by the authorized personnel within your department.