Florida Agricultural & Mechanical

 University

PAYROLL DEPARTMENT

**Off Cycle Payment Request**

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Empl # and rcd#** |
| **Department Name** | **Department**  | **Funding Number** **Project#:****Fund#:****Program#:** | **Pay Period:**  |
|  **Check One: [ ]  To Be Direct Deposit**  **[ ]  To be mailed [ ]  To be picked up** |
| **REASON FOR REQUEST:** **[ ]**  Timesheet not received  **[ ]**  Hours not keyed properly **[ ]**  Inactive Status in HR or Payroll **[ ]**  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How you intend to prevent this type of error in the future?****Will work with the departments to ensure timely receipt of executed documents.** |
| **Earning Code:** | **Hours** | **Hourly Rate** |
| **Employee Category** | **Job Title** | **Job Code** | **Funding Number****Project#:****Fund#:****Program#:**  | **Working Department**  |
| **Comments:** |
| **PREPARED BY** | **PHONE** | **DATE** |
| **DEPT. AUTHORIZED SIGNATURE** | **PHONE** | **DATE** |

**FOR PAYROLL USE ONLY:**

**Amount paid for this request: \_\_\_\_\_\_\_\_\_\_\_**

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