

**REQUEST FOR OFF-CYCLE MANUAL PAYCHECK**

**EMPLOYEE DATA:**

Name \_\_\_\_\_ EMPLID \_\_\_\_\_

Agency Name & Number \_\_\_\_\_ PPE \_\_\_\_\_ Payday \_\_\_\_\_

**REASON FOR REQUEST:** OVERPAID (Cancel warrant attach copy of OBM 7221 & Stop Payment Documentation)

**EXPLAIN:** \_\_\_\_\_

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***Complete section "A" for unpaid wages or section "B" for disability leave benefits and/or a supplement to disability leave.***

- A. PAY:**
- Earnings Code \_\_\_\_\_ Hours \_\_\_\_\_ Rate \$ \_\_\_\_\_
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- Earnings Code \_\_\_\_\_ Hours \_\_\_\_\_ Rate \$ \_\_\_\_\_

**Deductions that need to be taken:**

\_\_\_\_\_

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**B. DISABILITY LEAVE BENEFIT (attach PDIW screen):**

Total Benefit \$ \_\_\_\_\_

Retirement Amount: Employer Share \$ \_\_\_\_\_

Retirement Amount: Employee Share \$ \_\_\_\_\_

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**SIGNATURE**

Agency Approval \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Telephone \_\_\_\_\_ ext \_\_\_\_\_ Fax # \_\_\_\_\_

Date: _____
Prepared by: _____ Gross: _____ Net: _____ Check #: _____ Stock # _____
<b>I ACKNOWLEDGE RECEIPT OF A CHECK WITH THE ABOVE NUMBER, DATE, and PAYEE</b>
SIGN HERE _____ DATE _____

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