

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: _____

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 \$ _____
Earnings Code _____ Hours _____ Rate \$ _____
Earnings Code _____ Hours _____ Rate \$ _____
Earnings Code _____ Hours _____ Rate \$ _____

(Gross if request is **not** based on hours) \$ _____

Deductions that need to be taken:

B. DISABILITY LEAVE BENEFIT (attach PDIW screen):

Total Benefit \$ _____

SIGNATURE:

Agency Approval _____ Date _____

Telephone _____ ext _____ FAX # _____

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