Off Cycle Payroll Request Form

Date: _____

All Off Cycle Requests will be charged a $50 processing fee. Please charge:

Program _____

Department Detail _____

Assignee _____

This cannot be a Grant worktag.

TO:
Mail: Payroll, 1560 ASB
Email: payroll@iastate.edu
or
Fax: 294-6470

FROM:

Contact Person _____ Phone _____

Department _____

Campus Address _____ Campus 4-digit ZIP _____

Departmental Signature _____

Pay Requested for: _____ University ID Number _____

Work period missed: _____

Position: _____

Reason for Off Cycle (e.g. Hired after cutoff, missed hours, retro pay increase): _____

_____

NOTE: Payroll must receive the Off Cycle Request form and the appropriate Workday process must be completed prior to the payment. If missing hours for Non-Exempt Employees, enter the time details into Workday for the hours missing and approve them. The Costing Allocation in effect at the time of payment (not the dates of the missed pay) will be used for funding.

Method of payment: Off Cycle payment will use the Payment Election in effect for the employee.

FOR PAYROLL USE ONLY