

INSTRUCTIONS: Off-Cycle Payment Request Form

POLICIES

Off-cycle payments are used to pay employees for pay missed on a previous pay period and for which they cannot reasonably be expected to wait until the next regular pay period.

SCHEDULES

Off-cycle payrolls are generally scheduled after every payroll, but occasionally that is not possible due to the regular on-cycle payroll processing schedule.

PAYMENT METHOD

Off-cycle payrolls generate checks.

SUBMISSION OF FORMS

Off-cycle Payment Request forms (and their accompanying payment forms) should be sent directly to: Payroll Office at Hannah Administration Bldg, 426 Auditorium Rd Room 350, East Lansing MI 48826-1046.

COMPLETION OF THE OFF-CYCLE PAYMENT REQUEST FORM

- EMPLOYEE NAME – Provide full name of employee to be issued the off-cycle payment
- PERSON ID – Provide employee's Person ID # from HR/Payroll system
- PERNR – Provide employee's Personnel Assignment number from the HR/Payroll system
- REASON
 - ✓ CATS Entry – Complete this box if off-cycle payment is due to late time entry of hourly pay. All time information related to this payment MUST be entered and approved in CATS.
 - ✓ LATE MASTER DATA ENTRY (OR CORRECTION) – Complete this box if off-cycle payment is due to late entry for employee master data.
 - ✓ ADDITIONAL PAY – Complete this box and attach approved AP form for additional payments that require a check prior to the next regular period pay date.
 - ✓ SPECIAL PAYMENT – Complete this box and attach approved SPA form for special payments that require a check prior to the next regular period pay date.
- SPECIAL PROCESSING FEE CHARGE – All off-cycle payments are subject to a \$35.00 processing fee charged to the department. Please provide information related to the account to be charged for the off-cycle payment. Off-cycle payments will not be generated without this information.
- AUTHORIZED SIGNATURE and DATE – Off-cycle payments require account fiscal officer (or delegate) approval. Forms without the proper authorization will be returned to the department.
- DEPARTMENT CONTACT – Name and phone number of department individual to be contacted when payment is ready for pick-up.
- COMMENTS – Provide any information related to payment or distribution that needs to be conveyed to the Payroll Office.

Off-Cycle Payment Request Form

Michigan State University

This form will allow the user to request that a payment be handled by the issuance of an off-cycle check. An off-cycle check should be requested when a payment to the employee is required before the next payroll pay date.

EMPLOYEE NAME _____
Last First MI

PERSON ID _____ PERNR (Personnel Assignment) _____

OFF-CYCLE CHECK REQUESTED FOR FOLLOWING REASON:

- CATS ENTRY FOR PAYROLL PERIOD Begin _____ and End _____
All time information related to this payment **MUST** be entered and approved in CATS.
- LATE MASTER DATA ENTRY (OR CORRECTION) _____
- ADDITIONAL PAY - _____ Per attached and approved AP Form.
- SPECIAL PAYMENT - _____ Per attached and approved SPA Form.

ALL OFF-CYCLE PAYMENTS ARE SUBJECT TO A \$35.00 SPECIAL PROCESSING FEE.
Provide account information below: (Items indicated with an asterisk* are required fields.)

Chart/Acct* (Fund)	Sub-Acct (WBS)	Object* (GL Acct)	Sub-Object (Cost Ctr)	Proj. Code (Inter. Order)	Org Ref ID (FuncArea)	Line Description	Amount*
2/8	5	4	6	10	8	40	
							\$35.00

AUTHORIZED SIGNATURE: _____
MUST BE ACCOUNT FISCAL OFFICER (OR DELEGATE)

PRINTED NAME _____ **DATE** _____
OF FISCAL OFFICER (OR DELEGATE) SIGNING FORM

DEPARTMENT CONTACT _____
Name Phone Number

COMMENTS _____

Form should be sent to:
PAYROLL OFFICE
HANNAH ADMINISTRATION BLDG
426 AUDITORIUM RD ROOM 350
EAST LANSING MI 48826-1046