

University of Delaware
Payroll & Systems Administration
Request for Off Cycle Pay Check

Name		Employee ID		
Street or Dept				
City	State	Zip Code	Pay Group SRG SOT BAF BOT	
Special Delivery Instructions				
Purpose of Payment/Calculation				
Purpose/Account/Class	Earnings Code	Percent	*Fica Eligible	Amount \$
				\$
				\$
				\$
				\$
				\$
				\$
Total Gross Amount to be Paid				\$
Req ID (Form number payment pertains to)	*Deductions		*Net Amount	
Originator	Extension		Date (MM-DD-YY)	
Approver			Date (MM-DD-YY)	

*For Payroll Use Only

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Check Number _____	Page Number _____	Pay End Date _____
Processed By	Date	Added to Spreadsheet