

**Instructions:** Complete all sections below and send the completed form by email to [payroll@utsa.edu](mailto:payroll@utsa.edu) or fax to 210.458.4236. See [Off-Cycle Payroll Checks guideline](#) for additional information. Requested Off-Cycle checks are available on the next scheduled off-cycle date based on the payroll processing calendar

ELIGIBILITY CHECKLIST		Today's Date: _____	
Off-Cycle Checks can be requested when the following criteria are met: <ol style="list-style-type: none"> <li>a. The employee's Position change, Job change, Hire/Re-hire action request, Pay Rate change, Time &amp; Labor entry, or Payroll Voucher submission did not meet the Human Resources or Payroll Office deadline, and;</li> <li>b. The requested earnings are retroactive Regular Salary or Hourly Wages (UTSA cannot issue advance pay), and;</li> <li>c. The Regular Salary or wage is at least:               <ul style="list-style-type: none"> <li>• \$70 for all student employees and other employees with a Full Time Equivalent (FTE) &lt;= to .50, or</li> <li>• \$250 for all other employees with a FTE &gt; .50 and;</li> </ul> </li> <li>d. The employee experiences and declares a financial hardship situation due to the missing earnings by affirming through signature on this Off-Cycle Payroll Check Request form.</li> </ol>			
<b>*NOTE:</b> The employee must meet all the above criteria prior to completing and submitting the form.			
EMPLOYEE INFORMATION		(Do not enter Social Security or Banner Numbers.)	
Last Name _____	First Name _____	Department _____	Employee ID _____
Email _____	Job Title _____	Phone _____	
<b>*NOTE:</b> Employee will be contacted when check is ready.			
DEPARTMENT CONTACT			
Contact/Preparer Name _____	Phone _____	Approving Administrator Name _____	Phone _____
EMPLOYEE TYPE / MISSING HRS		(Please indicate the missing hours or salary from the regular paycheck.)	
Student	Affected Pay Period	Beginning: _____ End Date: _____	
Staff	Hourly	Missing Hours not Paid: _____ Estimate Hourly Amount: _____	
	Salary	Missing Salary not Paid: _____	
AGREEMENT			
I understand that the requested check will be available on the <b>next scheduled</b> off-cycle date based on the payroll processing calendar. I was not paid on time which has created a financial hardship situation for myself. I am requesting a paper check be issued prior to my next regular payday. I acknowledge and agree that my check will be mailed to the address on record in PeopleSoft as of the date of this form.			
_____ Employee Signature			_____ Date
<b>*NOTE:</b> Do not request Off-Cycle checks if employee does not want check mailed. Direct Deposit is not available for Off-Cycle paychecks.			
REASONING			
Employee submitted late time sheet after due date. Supervisor approved time sheet late or failed to submit to timekeeper. Timekeeper failed to meet deadline. Other: Please explain reason why in box below. (Please provide Earnings Specific Details.)			

**Resolution:** Please describe any action(s) to taken in order to prevent future occurrences.

## AUTHORIZATION

By signing this form below, you are acknowledging that you have read and understand the instructions for the Off-Cycle Payroll Check Request Form and certify that the required documentation has been completed by all necessary departments.  
Failure may lead to the denial of the request.

Supervisor Name

Supervisor Signature

Date

Approving Administrator Name

Approving Administrator Signature

Date

## PAYROLL OFFICE USE ONLY

Payroll Administrator Approval/Denial Name

Signature

Date

Comments: