



S.C. Office of Comptroller General

Revised Apr 2013

Off-Cycle Bonus Payroll Request Form

Agency # and Name _____

For Pay Date _____

Bonus Off-Cycle Payroll

PRNR #	Name	Gross Amt	Justification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total \$ _____ - _____

Authorized Agency Signature _____ Date _____

Print Name and Title _____ Phone # _____

Finance Director Signature _____ Date _____

Print Name and Title _____ Phone # _____

- Request for off-cycle checks must be received no later than 10:00 am on the scheduled date of the off-cycle payroll found on the payroll calendar. Any requests received after 10:00 am will not be processed until the next payroll.
- Off-Cycle Check Request Forms must be signed by authorized agency personnel.
- Off-Cycle Bonus must have attached the approved OHR Bonus Form backing up the justification.
- Additional documentation may be requested as needed.

Email to: tmorris@cg.sc.gov, srutherford@cg.sc.gov, fparlaman@cg.sc.gov, sarah.campbell@cg.sc.gov, jcoats@cg.sc.gov

(OR) Fax form to 803-734-1765