



S.C. Office of Comptroller General

Revised Dec 2011

Off-Cycle Payroll Check Request Form

Agency # and Name _____ For Pay Period Not Paid _____

Regular Off-Cycle Payroll				
PRNR # _____	Name _____	Gross Amt _____	Reason _____	
PRNR # _____	Name _____	Gross Amt _____	Reason _____	
PRNR # _____	Name _____	Gross Amt _____	Reason _____	
PRNR # _____	Name _____	Gross Amt _____	Reason _____	
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PRNR # _____	Name _____	Gross Amt _____	Reason _____	
PRNR # _____	Name _____	Gross Amt _____	Reason _____	
PRNR # _____	Name _____	Gross Amt _____	Reason _____	
		Total \$	-	

Authorized Agency Signature _____ Date _____

Print Name and Title _____ Phone # _____

- Master Data must be adjusted/corrected by the agency before Off-Cycle Request is submitted.
- 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 checks will not be processed for amounts less than \$100.00

Fax form to 803-734-1765 or Email to tmorris@cg.sc.gov, srutherford@cg.sc.gov, fparlaman@cg.sc.gov & Smurto@cg.sc.gov