



# S.C. Office of Comptroller General

Revised Apr 2013

## 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 _____
PRNR # _____	Name _____	Gross Amt _____	Reason _____
PRNR # _____	Name _____	Gross Amt _____	Reason _____
PRNR # _____	Name _____	Gross Amt _____	Reason _____
PRNR # _____	Name _____	Gross Amt _____	Reason _____
PRNR # _____	Name _____	Gross Amt _____	Reason _____
PRNR # _____	Name _____	Gross Amt _____	Reason _____
PRNR # _____	Name _____	Gross Amt _____	Reason _____
		<b>Total \$</b> _____	-

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

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(OR) Fax form to 803-734-1765