



S.C. Office of Comptroller General

Revised Sept. 2015

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 _____
		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

Email to: cgpayroll@cg.sc.gov