

# Off Cycle Payroll Payment Request

## Overview

---

Employees can request an Off-Cycle Payment when all of these criteria are met:

- The employee’s Position change, Job change, Hire/Re-hire action request, Pay Rate change, or Payroll Voucher submission did not meet deadlines from the Office of Talent, Culture, and Engagement or Payroll Services and
- The requested earnings are retroactive Regular Salary or Hourly Wages (UTA cannot issue advance pay) and
- The employee experiences and declares a financial hardship situation due to the missing earnings by affirming through signature on this Off-Cycle Payroll Payment Request.

See the [Off-Cycle Payroll Payments](#) policy and procedures and the [Payroll Processing Dates](#) for more information.

Email completed forms to [payroll@uta.edu](mailto:payroll@uta.edu).

## Employee Information

---

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

UTA ID \_\_\_\_\_ Job Title \_\_\_\_\_

Department \_\_\_\_\_ Contract Number (if applicable) \_\_\_\_\_

Staff    Faculty    Missing Salary Not Paid on Regular Paycheck \_\_\_\_\_

Beginning Date \_\_\_\_\_ End Date \_\_\_\_\_

Please explain the reason why you were not paid on time.

Please describe actions taken to prevent future occurrences.

## Statement of Need

---

I was not paid on time and this created a financial hardship for me. I request an Off-Cycle Payment prior to my next regular payday. I understand this payment will be available on the next scheduled off-cycle date.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

## Preparer Agreement

---

I have read and understand the [Off-Cycle Payroll Payments](#) policy and procedures. I certify that the required eForms were completed. I understand failure to complete eForms may cause the request to be denied.

Preparer Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Preparer Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor, Manager, Dean or VP Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Supervisor, Manager, Dean or VP Signature \_\_\_\_\_

Date \_\_\_\_\_

## Payroll Services Decision

---

Approved   Denied

Payroll Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_

Comments