



UNIVERSITY OF  
SOUTH FLORIDA®

**Off Cycle Check Request Form**

University Controller's Office - Payroll

Phone (813) 974-7955

Fax (813) 974-5084

Email: UCO\_Payroll\_Processing@usf.edu

**Request Date**

**Company**

**Pay Period End Date**

**Pay Group**

**Courier Delivery**

**Pick Up**

**Mail**

**Employee Name**

**GEMS ID**

**Emp Record Number**

**Department Number**

**Department Contact**

**Telephone/Email**

**Reason for Request**

**Single Pay Period Covered**

**QR**

**Check Here For Multiple Pay Periods\***

**\*For multiple pay periods, please break out the hours applicable to each week.**

**Total Hours to be Paid**

**Regular**

**Overtime**

**FTE**

*Number of Hours*

*Number of Hours*

**Gross Amount of Check**

**Combo Code Override**

**REQUIRED**

**Rate of Pay**

**Hourly**

**Salary**

**Other**

**Prepared by**

**Date**

**Signature**

**Approved by**

**Date**

**Signature**