

NORTHERN KENTUCKY UNIVERSITY
DEPARTMENT OF HUMAN RESOURCES
REQUEST FOR OFF CYCLE PAYROLL CHECK

Instructions: This form is to be used ONLY in situations where an employee of the University was not paid either a portion of, or the entirety of the pay which he/she had rightfully earned. This form will be initiated by Human Resources.

A. TO BE COMPLETED BY HUMAN RESOURCES:

DATE _____ GROSS AMOUNT DUE _____

EMPLOYEE NAME _____ SSN _____

REASON FOR REQUEST: _____

B. SUPERVISOR'S APPROVAL: _____

C. MAJOR DEPARTMENT HEAD APPROVAL: _____

D. HUMAN RESOURCES APPROVAL: _____

E. COMPTROLLER'S APPROVAL: _____

G. FOR PAYROLL USE ONLY:

GROSS _____

FED WH _____

STATE WH _____

FICA _____

COUNTY WH _____

NET PAY _____

POSITION # _____

CHECK NO. _____

AMOUNT _____

ACCT NO. _____

OTHER DED _____

PREPARED BY _____

DATE _____