

Off-Cycle Payment Request (Biweekly)

Employee Information

FIRST NAME	MIDDLE INITIAL	LAST NAME	PUID #
PAY GROUP		DEPARTMENT NUMBER	

Payment Information

BEGIN DATE	CHARTSTRING						END DATE		
EARNINGS CODE	DEPARTMENT	FUND	ACCOUNT	PROGRAM	PROJECT	ACTIVITY	HOURS	AMOUNT	
REGULAR								\$	
OVERTIME								\$	
SHORT TERM DISABILITY								\$	
SHIFT DIFF								\$	
WORKERS COMP								\$	
ACCRUED VACATION								\$	
OTHER								\$	

Reason for Request

CHECK ONE

<input type="checkbox"/> Missed HR Data Cut-off	<input type="checkbox"/> I-9 Not Complete	<input type="checkbox"/> HR Error
<input type="checkbox"/> Missed Additional Pay Cut-off	<input type="checkbox"/> T&L Hours Not Submitted	<input type="checkbox"/> Other
<input type="checkbox"/> Payroll Error	<input type="checkbox"/> T&L Not Payrep Approved	

PLEASE EXPLAIN REQUEST

Method of Payment

Check Direct Deposit

Payment Authorization

NAME (PRINT NAME)	DATE	SIGNATURE
APPROVER NAME (PRINT NAME)	DATE	SIGNATURE

Send signed form to the Payroll Office, 701 Carnegie Center, Suite 442, fax to (609) 258-1938, or email payroll@princeton.edu.
 Questions? Contact payroll@princeton.edu.