



**From:**

**To:** Payroll Office, 3800 AAB

**Subject:** Manual Check for New Employee

**Date:**

It is necessary to request an off-cycle check for the following employee. The employee worked the following hours before EPAF processing was complete. The employee's position is now active in Banner and the below listed hours should be paid.

**Employee Name:**

**Banner ID:**

**Position Number:**

**Pay Period:**

**Dates Worked:**

**Total Number of Hours to be Paid:**

*(please include ALL HOURS WORKED)*

For Non-Exempt employees, please attach a completed timesheet documenting the hours worked.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director Signature

\_\_\_\_\_  
Date

Prepared by: \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number