**Off-Cycle Paysheet Request Form**

Use this form to submit an off-cycle paysheet request to SPO. If assistance is required to complete this form, please send an email to payroll@doa.virginia.gov. Fields marked with an asterisk (\*) are required.

***Please print legibly to prevent delay in processing.***

|  |
| --- |
| **Off-Cycle Paysheet Request Details** |
| Date\* |  |
| Requested By\* |  |
| Business Unit\* |  |
| Company\* |  |
| Employee ID\* |  |
| Employee Record\* |  |
| First Name\* |  |
| Last Name\* |  |
| Off Cycle Pay Run ID\* |  |
| Paygroup\* |  |
| Reason\* |  |
| Load? \* | ☐ SPOT         ☐ TL    If TL, Date & Time of interface or HCM online approval:                                   \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ **Note:** Time must be approved prior to submission of an off-cycle request |
| Employee Termed? \* | [ ]  Yes [ ]  No |
| Special Instructions |  |

**I certify that the off-cycle payment requested is for an amount due to the employee that exceeds 10% of the net or gross pay received in the on-cycle thereby causing a hardship for the employee.**

**Agency Authorization: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**