COUNTY OF MARIN PAYROLL SYSTEM

REQUEST FORM

OFF CYCLE PAYROLL REQUEST

DATE _____

PERSONNEL AREA NAME _____ **PERSONNEL AREA CODE** [ ]

NAME [ ] **PERSONNEL #** [ ]

START DATE _____ **END DATE** _____

[ ] **TIME NOT PROCESSED**
A time sheet must be attached

[ ] **ONE TIME PAYMENT**
SEPARATE CHECK

[ ] **LOST/REVERSAL CK**

WAGE TYPE [ ] **AMOUNT** [ ]

ONE TIME PAYMENT

LOST OR DAMAGED CHECK

CHECK DATE _____

CHECK NUMBER _____

CHECK AMOUNT _____

		INFOTYPE
1501	UNIFORM ALLOWANCE (By contract/separate check)	(15)
1502	BONUS PAY	(15)
1522	HOLIDAY PAY (By contract/separate check)	(15)

CHECK REVERSAL

CHECK DATE _____

CHECK NUMBER _____

CHECK AMOUNT _____

OTHER (2010)
PAYMENT/DEDUCTION (15)

CHECK ONE
FLSA _____
NON-FLSA _____

HOURS _____ **RATE** _____

AMOUNT [ ]

REASON:

REASON FOR OFF CYCLE PAYMENT

APPROVED BY: _____ **DATE:** _____
(Authorized Department Signature)

Requests for accommodations may be made by calling (415) 473-4381 (Voice/TTY), 711 for California Relay Service or by e-mail at disabilityaccess@marincounty.org. Copies of documents are available in alternative formats, upon request.