



Payroll Department

310 Franklin Building
3451 Walnut Street
Philadelphia, Pa 19104-6284
215-898-6301 (Phone)
dofpayroll@pobox.upenn.edu

OFF CYCLE PAYMENT REQUEST

To: Payroll Department

From: _____

Re: Off Cycle Payment

Department: _____

Date: _____

Please find attached a request for an off cycle payment for _____ (employee's name),
social security # XXX - XX - _____. I have received verbal approval from _____
(payroll staff) about this request.

Attached is the late pay process screen and updated job assignment screen. This late pay was
processed in Org. _____

The reason for the check request is:

If you have any questions, or concerns, please do not hesitate to contact me at
_____ or email me at _____

Thank you for your prompt attention to this matter.

Sincerely,
