



Please check one:  On-Demand  On-Cycle

Part I: Employee and Job Data

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ NetID \_\_\_\_\_
Employee ID \_\_\_\_\_ Position Number \_\_\_\_\_ Type/Location:  Endowed  Contract College

Part II: Payroll Information

Earnings Period: Begin Date \_\_\_\_\_ End Date \_\_\_\_\_
Hours To Be Paid
Week 1: REG Hours \_\_\_\_\_ SIC Hours \_\_\_\_\_ OTH Hours \_\_\_\_\_ Other Code \_\_\_\_\_ Include hours below
Week 2: REG Hours \_\_\_\_\_ SIC Hours \_\_\_\_\_ OTH Hours \_\_\_\_\_ Other Code \_\_\_\_\_ Include hours below
Biweekly Hourly Wage \_\_\_\_\_ Other Earnings/Allowance Pay (Type) \_\_\_\_\_ Amount \_\_\_\_\_

Part III: Reason for Request

Late Appointment [ ] Time Collection [ ]

Part IV: Payment Explanation/Details for the Request

Please provide an explanation for the reason for this request:
[ ]

Part V: Accounting Data - Account Distribution

Attach additional sheets, if necessary.
Table with 2 columns: Account Number, Amount of Request, Percent

# Biweekly On-Demand/On-Cycle Correction Form, continued

## Part VI: Administrative Data

Preparer Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## Part VII: Supervisor Attestation

I attest that the employee worked the hours reflected in this request for payment, and that the hours are not and will not be otherwise requested in Workday Time Tracking.

\_\_\_\_\_  
Supervisor/Designee Signature Date \_\_\_\_\_

Supervisor/Designee Name \_\_\_\_\_ Phone \_\_\_\_\_

## Part VIII: Payment Authorization

\_\_\_\_\_  
Authorized Signature Date \_\_\_\_\_

Payment Approver Name \_\_\_\_\_ Phone \_\_\_\_\_