Santa Clara UNIVERSITY

Department of Human Resources

REQUEST TO PROCESS LATE TIMESHEET AND / OR OFF-CYCLE PAYMENT

Employee's Information (all fields are required)

Name: _____ Employee ID: _____

Department: _____

Item(s) being requested:

☐ Late Timesheet Processing: Reason for request (check one):
- ☐ Late new hire processing
- ☐ Other (explain) _____

☐ Off-Cycle Payment Request: Reason for request (check one):
- ☐ Vacation Advance*
- ☐ Late timesheet
- ☐ Late timesheet approval
- ☐ Emergency Pay Advance*
- ☐ Late new hire processing
- ☐ Other _____

☐ Payment Type:
- ☐ Check
- ☐ Direct Deposit (if applicable)

Payment to be available on_____☆☆

*For Vacation and Emergency Pay Advance requests, complete the following:
Advance for scheduled pay date of _____covering the pay period of _____through _____.

☆☆ Off-cycle payments require a minimum of 48 hours between receipt of request by the Human Resources Department and availability. Manual checks must be picked up after 3 p.m. at the Human Resources Office, 425 El Camino Real.

Employee Signature: _____Date: _____

FOR THE SUPERVISOR/REQUESTOR:

I understand that there will be **a $50.00** fee (department budget transfer) for processing each late timesheet and or off-cycle check <u>if it is other than a vacation /emergency advance</u> allowed per calendar year for staff and faculty employees.

I authorize that the late timesheet and/or off-cycle payment be processed for the above employee and that the processing fee (if applicable) be charged to the costing allocation listed below. I certify that I am allowed to authorize charges to this account.

Supervisor/Approver Signature: _____Date: _____

Account: _____ Fund: _____Cost Center: _____

Program: _____Activity_____ Project/Grant: _____

If no costing allocation is provided, the fee(s) will be charged to the employee's default costing allocation

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