



ON DEMAND PAY REQUEST

(Time Sheet Amendment REQUIRED)

Term Eff. Date				☐ Military Leave				☐ SDI ☐ STD				☐ WC		
* Net pay will be deposited to the employee's Direct Deposit Balance Account ONLY														
Must print in Black or Blue ink ONLY														
Employee ID Rcd No.			Last Name, First Name								F	Pay Pe	eriod(s)	
Company		Pay G	roup	Union	Code	Department Name						Dept ID		
		* Attac	h Leave	e Accrua	l and Ad	djustment Works more confirm						ccruals)	<u>or</u> if g	oing back 3 or
Leave Type		SC	K	VA	С	HOL CO		OMP ADM			ANN/ATY		Pay Period	
Prior Balance														
Current Balance														
W E				Pay	check [Pata Should Be		Pay Period Da			ites Rec		quested Change(s)	
E K	Earn Codes	odes Units/Dollars		Earn Code		es Units/Dollars		Begin		End		Earn Co	odes	Units/Dollars
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R	eason for Re	quest:												
	Pay	roll S	oeciali	ist Name (Print & Sign)				Date		Telep	Telephone Num		oer Mail Code	
Appointing Authority or Designee (Print & Sign)														
						Office	e Us	e ONL Y						
	Orig War/Ad	lv # Ori		ig Net \$\$		WorkGroup		Run Query					ODW Page #	
	Review Lea	ve	Review Sig		res R	Review Amendment		Run Off-Cycle Query			Verify/Keyed By		Date/Pay Period	
Supv Revie		ew	Issued	l War/Adv#		Issued Net \$\$		Control #			PRS Notified		Date Notified	

Distribution: Fax to Central Payroll (909) 890-4217 Original - Department