# Johns Hopkins Enterprise Off Cycle Payment Request

Date:			
Employee Name:			
Employee ID #:			
For Bi-weekly or Weekly paid employee, check one:	CATS	Kronos	Nightingale
Please check one of the following reasons:			
New Semi-Monthly employee who has work	ked more than 5 days.		
Date of New Hire ISR:	ISR Document #:		
Semi-Monthly Employee returning from Lea	ve of Absence with no P	ау.	
Date of Return ISR:	ISR Document #:		
Bi-Weekly or Weekly employee to be paid for	or 8 regular hours or more	e or for 8 overtime ł	nours or more
Date hours were submitted/entered:			

Hours submitted by date and pay code:

Date:	Pay Code:	Hours:
Date:	Pay Code:	Hours:

## Please note the offcycle payment schedule:

The payment request must be emailed to Payroll offcycle checks@jhu.edu by 11:00 am

## <u>Bi-weekly payroll</u> - payday Friday and the following Monday, Wednesday and Friday <u>Semi monthly payroll</u> - Monday, Wednesday, and Friday (except if Semi payroll is processing) <u>Weekly payroll</u> - payday Friday and the following Monday

#### Payment method:

Check (even if employee has direct deposit)

Direct Deposit (Only if employee already had direct deposit. (Deposits could take 2-3 business days)

### Choose delivery method for checks only (Deposit advice will be mailed home):

Inter-campus mail to JHU primary department	Mail Home
Campus Address:	Pick up at Payroll Shared Services

Contact Name:

Phone #:

## Approval:

Org. Unit Preparer's Name:	
Org. Unit Approver's Name:	
Date:	