

DEKALB COUNTY PAYROLL**OFF-CYCLE / PROBLEM RESOLUTION FORM**

Date: ____ / ____ / ____

Employee assignment #: _____

Employee Name: _____

Employee ID#: _____

Are these hours funded by grant? ____ Yes ____ No

Dept ID/PTA: _____

FREQUENCY (Mark one): ____ WEEKLY ____ BI-WEEKLY ____ MONTHLY ____ RETIREE**REASON (Mark one):** ____ OVERPAID ____ UNDERPAID ____ OTHER**EXPLANATION OF PROBLEM:**

Specify the # of Hours: _____

Pay Code(s): _____

Specify the Date: ____ / ____ / ____

Pay Period: ____ / ____ / ____ to ____ / ____ / ____ Exact

\$ Amount to be Paid: \$ _____

Please note below that it is now necessary to have two signatures before any off-cycle check can be processed. (Payroll Clerk and Assistant/Deputy Director or higher authority only.)

Requested By: _____ Phone#: _____

Title: _____ Department: _____

Assistant/Deputy Director Signature: _____

Correction Made By: _____ Date: ____ / ____ / ____

Off-Cycle: _____ Hand-Drawn Check: _____ Date: ____ / ____ / ____

TO BE COMPLETED BY PAYROLL DEPARTMENT ONLY