

### On Demand Payment Request Form

This form is to be used to request that a payment be handled by the issuance of an on demand check. An on demand check should be requested when a payment to the employee is required before the next payroll date.

**Date of Request:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_  
Last
First
MI

**Banner ID:** \_\_\_\_\_

**For Pay Period(s):** \_\_\_\_\_

**Employee Group:**

- |   |  |
|---|--|
| <input type="checkbox"/> Part-Time Hourly/Student Assistants/Work Study | <input type="checkbox"/> Full Time Staff |
| <input type="checkbox"/> Faculty  | <input type="checkbox"/> Adjunct         |
| <input type="checkbox"/> ECHS Lee                                       | <input type="checkbox"/> ECHS Charlotte  |

**On Demand Check Requested for Following Reason:**

- |   |  |
|---|--|
| <input type="checkbox"/> Time sheet not submitted by employee | <input type="checkbox"/> Special Payment |
| <input type="checkbox"/> Departmental Error                   | <input type="checkbox"/> Award           |
| <input type="checkbox"/> Correction to Pay                    | <input type="checkbox"/> Other _____     |

**On Demand processing occurs each Wednesday.** In order to process the on demand payroll requests, it must be received by Payroll no later than 4:00 pm on Tuesday. Any related forms or time sheets must be approved and finalized. All documentation should be attached to the On Demand Payment Request form. Incomplete forms will not be processed.

**Each on demand request will be paid on Friday.** If the employee has direct deposit, the on demand check will be automatically deposited into the account on file. If the employee receives checks, it will be available for pick up at the Cashier's Office on the employee's home campus.

**ON DEMAND PAYMENTS MAY BE SUBJECT TO A \$25.00 SPECIAL PROCESSING FEE.**

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MUST BE SIGNED BY VICE PRESIDENT OF DEPARTMENT OR BUDGET ADMINISTRATOR

**Department Contact:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Send Original Approved Form to:** Payroll - Building N 101  
 8099 College Parkway  
 Fort Myers, FL 33919

<b>Payroll Use Only:</b>				
Date Received: _____			Pay Date: _____	
Processed By: _____				
COA	ORG	ACCT	PROGRAM	AMOUNT
				\$ 25.00