

University Payroll

Semimonthly On-Demand/On-Cycle Correction Form

Please check one: () On-Dema	and On-Cycle							
Part I: Employee and J	ob Data							
Last Name	First Name		Middl	e Initial Ne	etID			
Employee ID	Position Number		Type/Location: Cndowed Contract College					
Part II: Payroll Information								
Earnings Period: Begin	Date End Date	Dates	s for which the	employee is being p	aid.			
Semimonthly Salary (Annual/	24) Oth	er Earnings (Type)		Amount				
Part III: Reason for Rec	quest							
Late Appointment								
Part IV: Payment Explanation/Details for the Request								
Please provide an explanation for the reason for this request:								
Part V: Accounting Dat	ta - Account Distribution							
Part V: Accounting Data - Account Distribution Attach additional sheets, if necessary.								
Account Number	Amount of Request Percent	Account	Number	Amount of Reque	est Percent			
				7 Q				
Part VI: Administrative	Data							
Preparer Name	Phone		_ Email					

University Payroll 377 Pine Tree Road, Ithaca, NY 14850 Email: uco-payroll@cornell.edu

Semimonthly On-Demand/On-Cycle Correction Form, continued

Part VII: Payment Authorization				
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			Date	
Authorized Signature				
Payment Approver Name	Phone			