

S.C. Office of Comptroller General

Revised Nov. 2017

Off-Cycle Bonus Payroll Request Form

Agency # and Name

For Pay Date

RNR #	Name	Gross Amt	Justification	
PRNR #	Name	Gross Amt	Justification	
PRNR #	Name	Gross Amt	Justification	
RNR #	Name	Gross Amt	Justification	
RNR #	Name	Gross Amt	Justification	
RNR #	Name	Gross Amt	Justification	
RNR #	Name	Gross Amt	Justification	
RNR #	Name	Gross Amt	Justification	
RNR #	Name	Gross Amt	Justification	
RNR #	Name	Gross Amt	Justification	
		Total \$	-	
Authorized Agency Signature				Date
Print Name and Title			Phone #	
Finance Director Signature				Date
Print Name and Title				Phone #
• If Bo	nus request is over 20 employees it mu	<mark>st be submitted 2 busine</mark>	ess days prior to scheduled off-cy	cle run date. Any requests of 20 c
ana du	e by close of business prior to the day	of scheduled run		

• Additional documentation may be requested as needed and bonus runs delayed as required.

Email to: cgpayroll@cg.sc.gov (OR) Fax form to 803-734-1765