



**MIAMI-DADE COUNTY**  
**HUMAN RESOURCES DEPARTMENT**  
**PERSONNEL TIME AND ATTENDANCE**

**OFF-CYCLE REQUEST FORM**

Date
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Employee ID	Last Name	First Name
DeptID		
Reason for request:		
Check:	Direct Deposit:	(Direct Deposit may take up to 2 business days to be reflected in your account after the off-cycle request has been completed by the Finance-Payroll Division.)

**Authorizing Signatures**

	Signature	Print Name	Date
Departmental Personnel Representative			
Department Director			

**For Human Resources and Finance use only**

	Signature	Print Name	Date
Personnel Time and Attendance			
Finance Department			

Please forward this request to Human Resources - Personnel Time and Attendance (PTA).