

Off Cycle Payroll Request

Please complete all items on this form and share with Toast Care via Toast Payroll support chat.

Off Cycle payroll Details

Company name: _____

Off Cycle paygroup: _____

Name of Off Cycle (optional): _____

Reason/Goal for Off Cycle (optional): _____

Pay period information

Off Cycle Check Date¹: _____

Off Cycle Start Date: _____

Off Cycle End Date: _____

Pay frequency² for this Off Cycle? _____

Will all employees be paid on this Off Cycle? Yes ☐ No ☐

Do you want to pay regular earnings and deductions in this off cycle? Yes ☐ No ☐

Special shipping instructions (optional)

If this payroll should have special shipping instructions for any paper checks please note below:

Alternate Address for this shipment only:

ATTN: _____

Address: _____

Special instructions for this shipment:

Please note that the shipping fees for Off Cycle Payrolls are as follows:

\$15: City of Chicago Messenger

\$25: Standard Overnight

\$20: 2-Day Shipping

\$30: Priority Overnight

¹ All payrolls must post by 4:30pm EST **four (4) business days** before the selected check date

² Regular frequencies include Weekly, Biweekly, Semimonthly or Monthly. Supplemental Frequencies are set up with a flat 25% Federal Tax Rate. Please reach out to your Support Team if you're unsure which frequency to use