

BACK PAY REQUEST FORM

****Note: ALL fields are required and must be completed or this form will be returned to the Primary Supervisor via inter-office mail.**

STUDENT EMPLOYEE'S LEGAL NAME: _____ **EMPLOYEE'S EMPL ID (Payroll ID):** _____

PAY PERIOD (You must complete a *separate* Back Pay Request Form *for EACH Pay Period* that back pay is being requested for) : _____

JOB CODE DESCRIPTION (Specific to the job back pay is being requested for) : _____

ACCOUNT CODE: _____ **CHECK one of the following** (Applicable for the back pay on this form): Work Study ___ State Payroll ___

EMPLOYMENT START DATE (This must be consistent with the same date shown on the I-9 Form &/or Work Authorization): _____

DATE WORKED		IN	OUT	IN	OUT	HOURS WORKED
	SUNDAY					
	MONDAY					
	TUESDAY					
	WEDNESDAY					
	THURSDAY					
	FRIDAY					
	SATURDAY					
	SUNDAY					
	MONDAY					
	TUESDAY					
	WEDNESDAY					
	THURSDAY					
	FRIDAY					
	SATURDAY					

TOTAL HOURS WORKED FOR PAY PERIOD: _____

Reason for Request: _____

Remedial Action taken so Employees will be paid within one pay period of employment start date in the future:

I certify that I have worked & reported the hours shown above to my Supervisor(s).

Employee's Name (printed): _____ *Employee's Signature:* _____ *Date:* _____

Primary Supervisor (printed): _____ *Primary Supervisor's Signature:* _____ *Date:* _____

Back up Supervisor (printed): _____ *Back up Supervisor's Signature:* _____ *Date:* _____

Department Head (printed): _____ *Department Head's Signature:* _____ *Date:* _____