



Request for Retroactive Payroll Payment

Use this form to request retroactive adjustments
due to missed pay in previous pay periods

Caregiver Name	CG-ID#
Timekeeper Name	Phone#
Manager Name	Phone#
Manager Signature	Date:

Request Details

I am requesting the following retroactive adjustments because: Under Pay ☐ Over Pay ☐ Cost Correction ☐

Explanation:

Please list each earnings element on a separate line (e.g. regular pay, shift differential, overtime premium, etc.)							Transfer shift to	
Date Earned	Time In	Time Out	Lunch Taken Y/N	Earnings	Hours	Dollars	BU/Dept	Job
10/15/2018	0700	1600	Y	Regular Pay	8.5	\$	15400-76913	2548
10/18/2018				PTO	8	\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		

All adjustments will be reflected **on the caregiver's next check** unless otherwise approved by the Payroll Department. All information, including explanation, must be completed for audit purposes. **Caregiver signature required if payroll deduction is needed**

Caregiver Signature:	Date:
This section to be completed by Payroll Staff	
Pay Period: Week:	Home Facility:
Date Received:	Request processed date:
Payroll Staff Signature:	UKG <input type="checkbox"/> Workday <input type="checkbox"/>
Origin of Error: EE, Fac, HR	
OnDemand processed on:	