

RETROACTIVE PAYROLL ADJUSTMENT REQUEST

THIS FORM IS TO BE USED TO DOCUMENT PAY OR ASSIGNMENT ADJUSTMENTS OLDER THAN EARLIEST RETRO DATE. PAYROLL MUST REVIEW THIS FORM PRIOR TO MAKING CHANGES IN SAP.

Person ID # _____ Personnel # _____ Employee Full Name: _____

Earliest Retro from Date (e.g. 07/01/2017): ____/____/____ Biweekly Monthly Transfer payroll area

Retro Reason: (Please mark all applicable) Pay FTE Change Hours LTD Position Update Vacation/Sick

COMPLETE THE QUESTIONS BELOW AND SUBMIT THIS FORM, SUPPORTING DOCUMENTATION, INCLUDING THE CURRENT COST DISTRIBUTION REPORT, REQUESTED CHANGES AND APPROPRIATE SIGNATURES TO THE PAYROLL OFFICE.
EMAIL TO PAYEXCEPT@UKY.EDU

1. What event triggered this action?

2. Please explain (in detail) the extenuating circumstances for making this necessary correction.

3. Please explain your process improvements.

I UNDERSTAND THAT IN THE EVENT OF AUDIT, THE DEPARTMENT IS RESPONSIBLE FOR JUSTIFYING THIS ADJUSTMENT TO THE AUDITING PARTY AND THAT THE DEPARTMENT ACCEPTS LIABILITY IF THIS IS DISALLOWED.

DEPT ADMINISTRATION SIGNATURE: _____
(Electronic Signature Accepted)

Payroll/SPA Office Use Only	Name	Date
Approved for Retro <input type="checkbox"/>	_____	_____
Denied for Retro* <input type="checkbox"/>	_____	_____
Z4 Document <input type="checkbox"/>	_____	_____
Other <input type="checkbox"/>	_____	_____

CONTACT INFORMATION:

Preparer Name:	Campus Address:
Department Name:	Department Number:
Telephone:	Email address: