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.

Payroll/SPA Office Use Only	Name	Date
Approved for Retro ☐	_____	_____
Denied for Retro* ☐		
Z4 Document ☐		
Other ☐ _____		
_____		

DEPT ADMINISTRATION SIGNATURE: _____
(Electronic Signature Accepted)

CONTACT INFORMATION:

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