



PAYROLL BACKPAY REQUEST FORM

LAST NAME	FIRST	MIDDLE	EMPLOYEE NUMBER
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CHECK DATE
IN QUESTION

CHECK NUMBER
IN QUESTION

WHAT SCHEDULE DID YOU WORK FOR THE PAY PERIOD?

If you worked in more than one dept. or pay rate on any day, please use an additional request form.

WEEK 1 of the Pay Period:

	SWIPE IN	SWIPE OUT	BREAK	RATE PAID	CORRECT RATE	DEPT # WORKED IN
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

WEEK 2 of the Pay Period:

	SWIPE IN	SWIPE OUT	BREAK	RATE PAID	CORRECT RATE	DEPT # WORKED IN
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

SIGNATURE

DATE

OFFICE USE ONLY

NAME OF OFFICE STAFF COMPLETING BACKPAY REQUEST

DATE

WEEK 1 of the Pay Period:

	HOURS WORKED	HOURS PAID	RATE TO BE PAID	NEED TO PAY	DEPT # TO CHARGE
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

WEEK 2 of the Pay Period:

	HOURS WORKED	HOURS PAID	RATE TO BE PAID	NEED TO PAY	DEPT # TO CHARGE
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

DIRECTOR/MANAGER APPROVAL

DATE

Please complete form and submit it to your department for consideration of payment.