UCF

Retroactive Payment Request Form

Retroactive Payments are defined as payments owed to an employee for time worked in a prior pay period (other than the one that is currently being processed). Please use this form to request payment for an OPS Hourly employee only. This form must be completed correctly and received in Human Resources by the posted deadline on the Payroll Calendar to allow Payroll Services sufficient time for processing (assuming that the employee record is active).
*Please ensure that all necessary timesheets are attached to this request.

Employee's Name: _____   Employee ID: _____   Record #: _____

Group Number: _____   Funding Department: _____

Reason for Request: _____

_____

Pay Period Begin Date	Pay Period End Date	Total Number of Hours to be Paid	Hourly Rate of Pay	Total Amount for Pay Period
				$
				$
				$
				$
				$
				$

*The applicable signed timesheets should be attached to this form.
Are timesheets attached? Yes   ☐ (please verify and check the box)

Prepared By: _____   Telephone #: _____
             (Please Print Your Name)

Approved By: _____   Approved By: _____
             (Please Print Your Name)   (Signature)

Mail, deliver, email or fax to Human Resources.
Email (preferred method): payroll@ucf.edu
Fax #: (407) 823-0582
Updated 09/2016

For HR Payroll Services Use Only:
Processor's Initials: _____
Pay Period End Date: _____