Back Pay

Employee: _____ (F) **Dept #:** _____

EE ID #: _____ (G) **Sect #:** _____

Status: _____ (H) **Job Class #:** _____

				(B)	(C)	(D)	(E)		XXXX	XXXX	XX
Rate Paid	Rate s/b Paid	difference	Number of Hours	Reg or Prem Amount due	Overtime or OT Prem Amount due	Auditor's use only (D/OE)	Pay Code	Premium Percentage	Labor Distribution		
		$0.00		$0.00							
		$0.00		$0.00							
		$0.00		$0.00							
		$0.00		$0.00							
		$0.00		$0.00							
		$0.00		$0.00							
		$0.00		$0.00							
		$0.00		$0.00							
		$0.00		$0.00							
		$0.00		$0.00							
		$0.00		$0.00							
		$0.00		$0.00							
	Totals:		**0.0**	**$0.00**	**$0.00**						
				Back Pay Total:	**$0.00**						

Period covered:
From:
To:

Reason for back pay:

I hereby certify that the above employee is entitled to retroactive pay as reflected

Prepared by Date

Department Head/Designee Date

Attach copy of COS & Payroll Time Report and send to Central Payroll by **5pm on Tuesday of processing week**

For Auditor's use only			
Barg Unit	Current *Def Comp	due on back	Total override