FI 18
07/2022
Division of Finance

***Note**: Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.*

Email completed form to: payroll@utah.gov

For questions, please call **(801) 957-7770**

Name _____

Employee Number _____

Dept. Code _____ Unit _____ Distribution Code _____

Pay Period Ending _____
MM/DD/YYYY

Clear Form

Retroactive Regular Pay Worksheet

Section 1 Calculation of Pay Due Employee

Regular Hours Worked and Not Paid ..... _____

X Normal Rate of Pay ..... _____

= Additional Straight Time Pay (Wage Type 1179) $0.00

I have reviewed the above calculation and agree that the amount of retroactive regular pay is correct and should be paid.

Employee Signature _____ Date _____

Supervisor Name _____ Title _____

Supervisor _____ Date _____

Note: Do not use this form for data entry if a Payroll Warrant Request, form FI 15, has been submitted for these hours.

Section 2 Data Entry (Complete the data entry information below and enter into the Payroll Time & Attendance System).

WAGE TYPE	AMOUNT	FUND	DEPT	UNIT	APPR	ACTV	FUNCTION	PROGRAM	PHASE