FI 6
08/2020
Division of Finance

Name _____

Employee Number _____

Dept. Code _____ Unit _____ Distribution Code _____

Clear Form

Pay Period Ending _____
MM/DD/YYYY

Email completed form to: payroll@utah.gov
or fax to (385) 465-6012.
For questions, please call (801) 957-7770.

RETROACTIVE PAY FOR PAY RATE INCREASE WORKSHEET

Section 1 Calculation of Pay Due Employee

Pay Period End Date (MM/DD/YYYY)	Hours Paid including OT	Incorrect Pay Rate	Correct Pay Rate	Pay Rate Increase	Additional Regular Pay
				$0.00	$0.00
				$0.00	$0.00
				$0.00	$0.00
				$0.00	$0.00
				Total Additional Pay at Straight Time	$0.00

Pay Period End Date (MM/DD/YYYY)	1/ 2 of OT Hours Paid	Incorrect OT Rate	Correct OT Rate	OT Rate Increase	Additional OT Pay
				$0.00	$0.00
				$0.00	$0.00
				$0.00	$0.00
				$0.00	$0.00
				Total Additional Pay at Half Time	$0.00
				Total Retroactive Pay (Wage Type 1179)	$0.00

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

Signature _____ Date _____
Employee

Signature _____ Date _____
Manager

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