



BACKPAY & OFF CYCLE REQUEST FORM

Requestor Information	
Requestor Name	Date of Request
Department	

Employee Information	
Employee Name	
Employee ID	HR Dept#
Employee Record #	Position #
Pay Group	Pay Freq (Monthly/Bi-Weekly)
Supervisor Name	

Backpay Request	
Effective Date of Employment	
Back Pay Begin Date	Back Pay End Date
Rate of Pay	Amount to be Paid
Combo Code	FTE
Pay due to Employee? (Yes/No)	

Off Cycle Request
Requested by Employee
Eligible Per Policy

Please provide details and justification for this request:

(Explanation must include 1) specific circumstances, timing, unique situation, grant & PI information, if applicable 2) Measures to prevent recurrence of backpay requests)

Supervisor _____

Graduate Coordinator (if GA) _____

Department Head _____

Human Resources _____

Finance _____

Instructions for Completion:

- Complete form in its entirety
- Submit only after Job Data Information section is updated in OneUSG.
- Include details in justification section that describe specific circumstances, timing, unique situation. This must be sufficient as this will serve as record for the change.