



**Backpay Request Form**

Employee Information
Employee Name
Position #
Back Pay Begin Date
Back Pay End Date

Requestor Information
Name
Department
Email
Contact Number
Date of Request

Pay Type      Biweekly      Monthly

Reason for Back Pay Request

Verification of Effort:

Was the work completed during the backpay period?      Yes      No

What is the correct FTE? \_\_\_\_\_ Has this been updated in UGAJobs?      Yes      No  
(If not, then this must be corrected before submission of backpay)

What is the start date? \_\_\_\_\_ Is this correct in UGAJobs?      Yes      No

What will be done to prevent happening in the future?

**Approved By**

Supervisor \_\_\_\_\_

Graduate Coordinator (if GA) \_\_\_\_\_

Department Head (if different from supervisor) \_\_\_\_\_

HR Reviewed Initials \_\_\_\_\_ BFO Reviewed Initials \_\_\_\_\_

BFO Backpay Submitted Date \_\_\_\_\_