Payroll Retroactive Payment Authorization

Employee	Name			
Employee	ID			
Departmen	nt			
Position				
Reason for	Retroactive Payment			
Day David	1/a) Affactad			
Pay Period	I(s) Affected			
Retroactive	e Payment Details			
Date	Hours/Units	Rate	Total Amount	Notes
Tatal Dates				
Total Retro	active Amount Authorized			
Employee S	ignature Date:			
Manager/Su	pervisor Signature Date:			
HR/Payroll A	Approval Date:			