

Submitted By:

Phone Number:

### I. Employee Information

Name:

Personnel Number (SCEIS Agencies):

or Social Security Number (non-SCEIS Agencies):

Is the employee covered under the State Employee Grievance Procedure Act?      Yes                  No

Work Schedule: (Days of the week)

Sunday     Monday     Tuesday     Wednesday

Thursday     Friday     Saturday    Other - include copy of schedule for applicable pay periods.

Annual Salary:

Include any compensation in addition to base salary the employee would have been entitled to during the back pay period. For example, temporary salary adjustments and shift differentials.

If a salary increase occurred during the back pay period, please provide the dates of the salary change, the previous salary and the new salary.

Number of hours worked per week/per year: (Select One)

37.5 hours worked per week/1950 hours per year

40 hours per week/2080 hours per year

### II. Agency Payment Information

Employee is paid: (Select One)

Every Two Weeks       Twice a Month

Once a Month       Other, Explain:

Amount Per Pay Period:

### III. Dates of Back Pay Reimbursement:

From:

To:

Is the back pay being provided as the result of a reversed disciplinary action?      Yes                  No

Data Classification: Internal

---

### Additional Instructions for Completing the Back Pay Calculation Worksheet

If the employee/former employee does not work a consistent schedule, provide a copy of the schedule the employee would have worked during the back pay period.

If the employee/former employee receives a shift differential, indicate in the Comments Section or on a provided schedule the hours for which the shift differential is applicable.

The dates of the pay period should be the pay period applicable to your agency. For example: **9/2/2015 - 9/16/2015**.

The total amount that the employee/former employee should be paid (Column D) should include any shift differentials, temporary salary adjustments, etc. This amount **should not** include annual leave payouts.

The total amount that the employee/former employee was paid (Column E) should include any shift differentials, temporary salary adjustments, etc. This amount **should not** include annual leave payouts or other amounts not part of base pay.

The amount of Back Pay Due (Column F) should equal the total amount that should be paid for the pay period minus the amount of salary already paid for the applicable period. If the amount is different, an explanation should be provided in the Comments Section.

For pay periods in which the employee/former employee received some compensation, provide copies of the applicable pay statements reflecting the amounts paid.

If the employee worked (or was scheduled to work) an “extra day” during the applicable payroll periods, please indicate this in the Comments Section of the form. For example, if an employee normally works Monday - Friday but is scheduled to work a Saturday, this should be documented in the Comments Section.

Column A	Column B	Column C	Column D	Column E	Column F
<b>Dates of Pay Period</b>	<b>Number of work days (including holidays) in the pay period.</b>	<b>Number of work days (including holidays) for which back pay is due.</b>	<b>Total Amount that employee should be paid for this pay period.</b>	<b>Salary already paid for this pay period or calculated to be paid excluding the back pay. *</b>	<b>Back Pay Due (This amount should equal Column D - Column E)</b>

Comments:

	Subtotal:
Less UC/Other Wages*:	
Total:	

**\*Attach Notarized Statement.**

\*This amount should be verified with payroll.

Attach Additional Pages if Necessary. Data Classification: Internal