



Retroactive Pay and/or FTE Request (60 Days or More)

This form is used to request approval to change an employee's compensation and/or FTE in job data that would be retroactive 60 calendar days or more.

Retroactive changes to compensation have additional impacts to the employee and employer contributions for retirement, elected optional life, and disability insurance. These changes may generate fines from the State of Florida.

Please fill out the following information:

Today's Date _____ Employee's UFID _____ Empl Rec _____

Last Name _____ First Name _____

College/Unit _____ Department ID _____

Contact Person _____ Telephone _____

Email Address _____

Effective Date of Change _____ Current Pay Rate _____ New Pay Rate _____

Current FTE _____ New FTE _____

Please provide a brief explanation for this retroactive request. Actions with effective dates older than 60 days generally require manual intervention by UF Human Resources in addition to the department creating an ePAF.

Approval

(The undersigned certify the accuracy of all information herein to the best of their knowledge and approve this action)

Supervisor (signature and date)

Director (signature and date)

Dean/Vice President (signature and date)

Upon completing this form send to compensation@ufl.edu for review and HR VP approval. If this change will require an ePAf this document will need to be attached with all required signatures.

For HR Use Only: Vice President for Human Resources Signature: _____
(signature and date)