



# 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 _____
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 central Human Resource staff in addition to the department generating 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](mailto: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.

<p><b>For HR Use Only:</b> Vice President for Human Resources Signature: _____ (signature and date)</p>
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