



Retroactive Salary Adjustment Justification Form

Please complete the following information to request approval for a retroactive pay rate increase. Contact Systems Control at 621-3664 if you have questions:

Retroactive salary adjustment requested for:

Last Name _____ First Name _____ MI _____

Dept # _____ Dept Name _____

Justification for late submittal:

Director/Department Head Signature Date

Dean Signature Date

Provost/Senior VP/President Signature Date

The Retroactive Adjustment Justification Form along with the respective employee's PAF/PCF should be routed as follows:

