



UNIVERSITY OF MARYLAND

OFFICE OF THE COMPTROLLER
PAYROLL SERVICES

1101-L Chesapeake Building
College Park, Maryland 20742-3121
301.405.5665 TEL 301.405.8685 FAX

Reinstate for Back Payment Overview and Form

Overview:

When an employee is terminated in PHR and at the Central Payroll Bureau (CPB), the PHR system will not let you create a pay adjustment. If you owe the employee wages and/or a leave payment, you must submit to Payroll Services by Day 9 of the current pay period, the Reinstate for Back Payment Form.

If you are requesting a payment for a final leave payout and there is a problem with the leave balance(s), prior to requesting the reinstate for back payment, you must contact the PHR Customer Service Center (301) 405-7575 to get the balance(s) corrected.

Note: Reinstate for back payment is NOT the same as the University's policy on "Reinstatement of Employees." The purpose of that policy is to reappoint a former employee to a position within three years of leaving the University.

Process:

- 1) The request to reinstate and pay the employee must be made in writing using the Reinstate for Back Payment form. This form should be emailed to payrollservices@umd.edu. **Please make sure to indicate Reinstatement in the Subject line.**
- 2) Payroll Services will process the payment via the Reinstate for Payment screen. The payment will default to the current pay period being processed.
- 3) The Reinstatement for Back Payment Form must be submitted by Day 9 of the current pay period for the payment to be received in the appropriate paycheck.
- 4) Payroll Services will forward the employees paycheck to Department associated with the check distribution code provided.



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Reinstate for Back Payment Form

NOTE: This form must be submitted by close of business Day 9 of the current pay period.

USM Institution: _____ Agency Code: _____

Pay Period to be Paid: _____

Former Employee First Name: _____

Former Employee Last Name: _____

UID: _____ or SSN: _____

Check Distribution Code (where the check is to be distributed): _____

Full Unit Name: _____

FICA taxable: _____ or FICA exempt: _____

Category Status: (i.e. 20, nonexempt, regular) _____

Number of Pays for Segmentation: _____

Funding Information:

Account #	Amount:	Subcode:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount of Pay: _____

Reason for Back Payment: _____

Name and contact number of person submitting request: _____