UNIVERSITY OF MARYLAND

OFFICE OF THE COMPTROLLER
PAYROLL SERVICES

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REINSTATEMENT FOR BACK PAY 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 the form to Payroll Services by Day 10 (Day 9 in an early cutoff) of the current pay period.

If you are requesting a payment for a <u>final leave payout,</u> you will need to contact UHR Operations https://askhr.umd.edu/ for a verification of the leave balance(s), **prior** to submitting the Reinstate request.

> *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.

2.) A case in Service Now must be created to submit the form. Go to Open a Case with Finance - UMD Service Center. The fields can be completed as follows:

> How Can We Help you? – Reinstatement For Back Pay
> What Is This Case About? – Payroll Services
> More Specifically? – Reinstatement For Back Pay

3.) Payroll Services will review and enter the request. The payment will default to the current pay period being processed.

4.) The Reinstatement for Back Payment Form must be submitted by Day 10 (Day 9 in Early Cutoff) of the current pay period.

5.) The check will be included with the regular checks for that pay period.

6.) Reinstatements <u>do not</u> appear on Pay Calcs or the Check Distribution report.

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Reinstate for Back Payment Form

NOTE: This form must be submitted by the close of business Day 10 (Day 9 in an early cutoff) 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 the person submitting request:

_____

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