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 final leave payout, you will need to contact UHR Operations https://askhr.umd.edu/ for a verification of the leave balance(s), prior to submitting the Reinstatement request.

Note: Reinstatement 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 Reinstatement 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 do not appear on Pay Calcs or the Check Distribution report.
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:

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<th>Account #</th>
<th>Amount:</th>
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Total Amount of Pay: ___________________________

Reason for Back Payment: ___________________________

Name and contact number of the person submitting request:

______________________________

Revised 07/03/24