

Back Pay Calculation Worksheet

Submitted By:

Phone Number:

I. Employee Information

Name

Personnel Number (SCEIS Agencies):
Social Security Number (non-SCEIS Agencies):

Work Schedule: (Days of the week)

- Sunday Monday Tuesday Wednesday
 Thursday Friday Saturday

Annual Salary

Include any compensation in addition to base salary the employee would have been entitled to during the back pay period. For example, temporary salary adjustments and shift differentials.

If a salary increase occurred during the back pay period, please provide the dates of the salary change, the previous salary and the new salary.

Number of hours worked per week/per year: (Select One)

- 37.5 hours per week/1950 hours per year 40 hours per week/2080 hours per year

II. Agency Payment Information:

Employee is paid: (Select One)

- Every Two Weeks Twice a Month

- Once a Month Other, Explain:

Amount Per Pay Period

III. Dates of Back Pay Reimbursement:

From: To:

| Column A | Column B | Column C | Column D | Column E | Column F |
|---------------------|---|---|--|---|---|
| Dates of Pay Period | Number of work days (including holidays) in the pay period. | Number of work days (including holidays) for which back pay is due. | Total Amount that employee should be paid for this pay period. | Salary already paid for this pay period. This amount should be verified with payroll. | Back Pay Due (This amount should equal Column D - Column E) |
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Comments:

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|-------------------------|--|
| Subtotal: | |
| Less UC / Other Wages*: | |
| Total: | |

***Attach Notarized Statement.**

Attach Additional Pages If Necessary.