

Retroactive Pay Adjustment Form

Employee Name

Employee ID

Department

Position

Adjustment Period Start Date

Adjustment Period End Date

Reason for Retroactive Pay Adjustment

Previous Pay Rate

New Pay Rate

Amount of Retroactive Pay Adjustment

Employee Signature

Date

Approver Name

Date

Important Notes:

- Ensure all information is accurate and complete before submitting.
- Attach supporting documentation for pay adjustment where required.
- This form may require approval from HR and the employee’s supervisor.
- Retroactive payments are subject to payroll taxes and standard deductions.
- Retain a copy of this form for your personal records.