

**Purpose of this Form:** To request payment of hours for a non-exempt employee that has not already been paid for a period that occurred six months or more from the current pay period. This form is not to be used for time entry less than six months old and is not intended to be an alternative to submitting time in Workday by the applicable posted deadlines.

Department Submitting Request: \_\_\_\_\_ Date Requested: \_\_\_\_\_

### Payee Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Andrew ID: \_\_\_\_\_ Pay Group: \_\_\_\_\_

Pay Period Start: \_\_\_\_\_

Pay Period End: \_\_\_\_\_ Reason for Request: \_\_\_\_\_

**Time Entry:** Provide the appropriate number of hours worked per day below.

### Week 1

Date								Total No. of Hours
No. of Hours								

### Week 2

Date								Total No. of Hours
No. of Hours								

**Processing Time and Distribution:** All retro time requests must be received in Payroll in accordance with the posted payroll deadlines. Payments will be processed with regular pay run activity, and funds will be disbursed on the normal payment schedule. If an off-cycle payment is requested for the retro time entry, an [Off-Cycle Payment Request Form \[.pdf\]](#) must accompany this form and follow all processing time and distribution guidelines for off-cycle payments.

### Required Signatures

Requestor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Time Approver \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

ALG Member \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

### For Payroll Use Only

Processed by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Submit completed form to  
CMUWorks Service Center at  
[hr-help@andrew.cmu.edu](mailto:hr-help@andrew.cmu.edu).