

The Retroactive Salary Adjustment Justification form is required for salary increases submitted more than two pay periods after the effective date of the change. Please follow the steps below:

1. Complete the Retroactive Salary Adjustment Justification Form
2. Route form to the appropriate personnel for approval
3. Attach the signed justification form to the online MSS Job Data Change Transaction

If you have any questions, please contact Systems Control at **(520)621-3664**.

## EMPLOYEE INFORMATION:

Enter the Employee's Information in the fields below for the retroactive salary adjustment request.

EMPLID	Employee Last Name	Employee First Name
Dept. #	Department Name	

Enter justification for late submittal in the box below:

## REQUESTOR'S INFORMATION:

Enter contact information for the person completing this request.

Requestor's Name	Requestor's Phone Number
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## APPROVAL SIGNATURES

Director / Department Head Signature	Date:
Dean Signature	Date:
Provost / Senior VP / President Signature	Date:

## RETROACTIVE ADJUSTMENT FORM APPROVAL ROUTING

### MAIN CAMPUS



Attach to MSS New Hire/Rehire Request

### AHSC (ARIZONA HEALTH SCIENCES CENTER)



Attach to MSS New Hire/Rehire Request