UNIVERSITY OF
MARYLAND

1101-L Chesapeake Building
College Park, Maryland 20742-3121
301.405.5665 TEL 301.405.8685 FAX

OFFICE OF THE COMPTROLLER
PAYROLL SERVICES

Reinstate for Back Payment Overview and 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 to Payroll Services by Day 9 of the current pay period, the Reinstate for Back Payment Form.

If you are requesting a payment for a final leave payout and there is a problem with the leave balance(s), prior to requesting the reinstate for back payment, you must contact the PHR Customer Service Center (301) 405-7575 to get the balance(s) corrected.

Note: Reinstate 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 Reinstate for Back Payment form. This form should be emailed to payrollservices@umd.edu. Please make sure to indicate Reinstatement in the Subject line.

2) Payroll Services will process the payment via the Reinstate for Payment screen. The payment will default to the current pay period being processed.

3) The Reinstatement for Back Payment Form must be submitted by Day 9 of the current pay period for the payment to be received in the appropriate paycheck.

4) Payroll Services will forward the employees paycheck to Department associated with the check distribution code provided.

UNIVERSITY OF MARYLAND

1101-L Chesapeake Building
College Park, Maryland 20742-3121
301.405.5665 TEL 301.405.8685 FAX

OFFICE OF THE COMPTROLLER
PAYROLL SERVICES

Reinstate for Back Payment Form

NOTE: This form must be submitted by close of business Day 9 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:

Account #	Amount:	Subcode:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount of Pay: _____

Reason for Back Payment: _____

_____

Name and contact number of person submitting request:

_____