



## EMPLOYEE BACK PAY REQUEST

P-R-I-N-T Employee Name: \_\_\_\_\_

P-R-I-N-T Participant Name: \_\_\_\_\_

Date of new rate of pay: \_\_\_\_\_ Number of hours of back pay: \_\_\_\_\_

Current pay rate: \_\_\_\_\_ New pay rate: \_\_\_\_\_ Difference in pay: \_\_\_\_\_

Total amount of back pay to be paid: \_\_\_\_\_

*\*Signatures are required for payment*

Employee: \_\_\_\_\_

Participant Employer/Managing Party: \_\_\_\_\_

### FREQUENTLY ASKED QUESTIONS

#### **When should back pay be submitted?**

Back pay requests need to be submitted with your regular payroll submission schedule.

#### **When will my back pay be paid?**

If back pay is requested with payroll, it will be paid the following Friday. If back pay is requested after this deadline, it will be paid the following pay period.

#### **Who approves back pay to be paid from the client budget?**

Once the back pay is approved by the County Case Manager, the Managing Party will complete this form with the employee and send the request with payroll submission. \*Only approved back pay will be paid from the client budget.

#### **How am I paid for my back pay?**

If you submitted a timesheet with the back pay request, it will be combined as a lump sum total within your paycheck. If you submitted the request without a timesheet, it will be its own deposit.

#### **Options for submitting this request:**

**Toll Free Fax:** 1- 888-400-3238

**E- Mail:** [Payroll@yourfse.com](mailto:Payroll@yourfse.com)

**Questions:** Reach out to your CDI Contact

**Mail:** Consumer Directions

PO Box 517

St. Joseph, MN 56374