

**USNH Retro Payment Form  
For Status Appointments**

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

Date: \_\_\_\_\_

USNH ID: \_\_\_\_\_

**New Hire** (not moving from one status position to another)

Position	Suffix	ECLS	Job Change Reason	First Day of work (Personnel Date)	Jobs Detail Effective Date (EPAF appointment Date)	EPAF#	# of Retroactive Workdays or Hours (Jobs detail effective date minus first day of work)	Hourly/Daily Rate	Total Retroactive Payment Due	Fund	Org	Account

**Move from One Status Position to Another**

Old Position	Suffix	ECLS	Job Change Reason	Termination Date (Personnel Date)	Jobs Detail Effective Date (EPAF)	EPAF#	# of Retroactive Workdays or Hours (Jobs detail effective date minus first day of work)	Old Hourly/Daily Rate	@ Old Rate Amount	Fund	Org	Account

New Position	Suffix	ECLS	Job Change Reason	First Day of work (Personnel Date)	Jobs Detail Effective Date (EPAF appointment Date)	EPAF#	# of Retroactive Workdays or Hours (Jobs detail effective date minus first day of work)	New Hourly/Daily Rate	@ New Rate Amount	Fund	Org	Account

Enter via DEFERP  
PHAHOUR

Retro Pay Amount: \_\_\_\_\_

Year Pay ID Pay # Processed: \_\_\_\_\_

BSC/HR Authorization to Pay: \_\_\_\_\_

Entered By: \_\_\_\_\_  
(date)

(date)