



Department of Transformation and Shared Services  
 Office of Personnel Management  
**Request to Change Retro-Accounting Date**

Date  Business Area  Agency

Personnel Number  Employee Name  Change Earliest Retro Date

Use Pay Period Begin Date

**Check the Box That Pertains to the Request**

**Change Time Sheet**

Increase Hours

Decrease Hours

**Benefit/Insurance**

Change Post-tax to Pre-tax

Change Pre-tax to Post-Tax

Affected Wage Type

Affected Wage Type



Create Pre-tax

Increase Hours

Affected Wage Type

Affected Wage Type



Refund Pre-tax

Refund Post-tax

Affected Wage Type

Affected Wage Type



Stop Pre-tax

Stop Post-tax

Affected Wage Type

Affected Wage Type



**Leave Pay Out**

**Create/Change Action**

Please Provide a Brief Justification (attach additional sheet if additional space is required)

Contact Name  Phone Number