HRS - MASS RETRO GENERATION REQUEST FORM
** ONE REQUEST FORM PER BARGAINING UNIT**

Date Submitted to LACOE: _____

District No.:_____ **District Name:** _____

Prepared By: _____ **Phone: (   )** _____ **Ext:** _____
          Name   Title

Authorized By: _____ **Phone: (   )** _____ **Ext:** _____
          Name   Title

Bargaining Unit Code: _____ **BU Description:** _____

Approximate Number Of Employees To Be Paid: _____

    **List only pay cycles tied to the above bargaining unit. If other pay cycles are included, the system will abend causing no retro generation for all districts. Please confirm that the listed Pay Cycles are valid for the selected Bargaining Unit before submitting the Retro Request form. **

Pay cycle:						
Beginning Accrual Date:						
Ending Accrual Date:						

Range or Step Change? **(Y or N):** _____
Job Class Exclusions? **(Y or N):** _____
Object Code 9519? **(Y or N):** _____
Control Report? **(Y or N):** _____

Retro Dollar Warning Limit: _____ **(**No Greater than $9,999**)**

Tax Option? (Check one) **Aggregate**   **OR**   **22/6.6 percent**

024/025			Effective Date:	Implement Date:	024/025			Effective Date:	Implement Date:
Table:		Salary Schedule:			**Table:**		Salary Schedule:		
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Districts MUST attach the following documents to this request form or request <u>CANNOT</u> be processed.

- **ONE** copy of the **Approved BOARD RESOLUTION** for individuals not covered by a bargaining unit.
- **ONE** certified copy of the **BOARD ACTION** approving increase associated with this request.

The Mass Retro Generation Request Form and package must be received at least two business days prior to the planned generation date. Late receipts will result in postponement of the mass retro generation to the following generation date.

PLEASE EMAIL ALL COMPLETED FORMS AND SUPPORTING DOCUMENTS TO: SFSEmployeeServices@lacoe.edu

FOR LACOE USE ONLY						
Date Received by SFS:		By:		Report Gen. Run Date:		
Copies to Payroll Date:		By:			Schedule:	R-
Copies to Retirement Date:		By:				