

Direct Retro Funding Distribution

Employee Name:		Empl ID:	Empl Rcd#:
Position Number:	Department:	Fiscal Year:	

Transfer From:

	Pay End Date	Pay Run ID	Earnings Code	Fund	Dept ID	Program	Project	Account	Earnings
1									
2									
3									
4									
5									
6									
7									
8									

\$ _____

Transfer To:

	Pay End Date	Pay Run ID	Earnings Code	Fund	Dept ID	Program	Project	Account	Earnings
1									
2									
3									
4									
5									
6									
7									
8									

\$ _____

Reason for Transfer (Use additional sheet if necessary. **Note:** Simply stating "Clerical Error" is unacceptable.)

Check here if PA has been sent to the Payroll Office:

Approvals

Project Director: _____ Date: mm/dd/yyyy Divisional Representative: _____ Date: mm/dd/yyyy

Departmental Representative: _____ Date: mm/dd/yyyy PAR Representative-Office of Extramural Support: _____ Date: mm/dd/yyyy
(133/144/161 Funds)

For Accounting Services Use Salary Transfer

Number: _____ Entry Date: _____ Entered By: _____