

UNIVERSITY OF WASHINGTON
RETROACTIVE SALARY TRANSFER
 PAYROLL OFFICE, Box 355655

- The following must be attached: Copy of HEPPS Payroll History Screens #20 and #35 (see Instruction for items 5 and 6).
- This form is to be used to transfer only one budget number with one Object Code and Earn Type to one other budget with the same Object Code and Earn Type within the same fiscal year. Use additional forms for additional debit or credit budgets, Object Codes, Earn Types or additional fiscal years.

1. Employee Name (Last)		(First)		(M.I.)		2. Employee ID #		3. Payroll Unit Number		4. Date Prepared		
5. Detail from Check History Screen #20				6. Detail of Data to be Transferred								
5a. Pay Period End Date		5b. Check Date		6a. Budget Numbers		6c. Position Numbers		6d. Job Class Number	6e. FTE %	6f. Obj. Code	6g. Dollar Amt.	6h. Earn Type
Beginning	Ending	Beginning	Ending	From	To	From	To		0.00%	00-00-00	\$0.00	
				6b. Fringe Bene. Bdgt. #				*Change to:		*Change to:		*Change to:

* Call Payroll before changing 6d., 6f. or 6h.

7. Justification (required for all budget types)

(a) Why was the salary inappropriately charged on the original budget number, i.e. cause of the problem? (Check the box that best describes the situation.)

- | | |
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| 1. <input type="checkbox"/> Numerical error | 6. <input type="checkbox"/> PERM not reviewed before posting to FIN |
| 2. <input type="checkbox"/> Error committed by untrained staff | 7. <input type="checkbox"/> Temporary budget used [Check box a. or b.] |
| 3. <input type="checkbox"/> Redistribution of effort | a. <input type="checkbox"/> Requested advance budget number b. <input type="checkbox"/> Did not request advance budget number |
| 4. <input type="checkbox"/> Funding cut for budget | 8. <input type="checkbox"/> Other: (Please explain) _____ |
| 5. <input type="checkbox"/> Miscommunication Within the Department(s)
(Please provide details:) | |

For Faculty Only: (Total must match 6g.)

Total by Academic Quarter

Aut: 20 _____	\$ _____
Win: 20 _____	\$ _____
Spr: 20 _____	\$ _____
Sum: 20 _____	\$ _____
Grand Total:	\$ _____

(b) How did this employee's work benefit the budget to be charged? **[Check the box that best describes your situation]**

- This charge reflects actual FTE contributed to this budget for person named above.
- Employee named above is the PI on this budget.
- Other: (Please explain) _____

(c) If this request is more than 120 days after the earliest pay period listed above, explain the reasons for the delay: _____

8. Prepared By: Name (Please Print)	Box:	Phone No.	E-mail Address:
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NOTE: Form must be signed by the Principal Investigator or individual to whom signature authority has been delegated for budget number to be charged (Per Grants Information Memorandum No. 15). This rule applies to all budgets to satisfy state and/or federal audit requirements.

9. Certification: I CERTIFY THAT ALL ACTIVITY REPORTING (Payroll Expense Distribution Report, Grant and Contract Certification Report, and Faculty Effort Certification Report) HAS BEEN CHANGED TO REFLECT THE ABOVE CHANGES.

Authorized Signature _____ Date _____

Send original to Payroll. Make copies to keep in departmental files and to send to other departments for transfers across departments.
 ATTACH ONE COPY TO CORRECTED FACULTY EFFORT CERTIFICATION REPORTS