



RETROACTIVE DISTRIBUTION REQUEST

Submit this form to the Payroll & Benefits Office to request that payroll distributions previously posted to General Ledger be modified in the HRMS system. The modified distributions will be posted to General Ledger along with the posting of the next on-cycle payroll. Call x3225 with questions.

For ALL grant and contract funds: The reason for the change must include the who, what, why, when and where. **Please run and attach the HE Actuals Report to this form.**

| | | | |
|--------------|---|-------------|---------------|
| EMPLOYEE ID# | / | EMPL Record | EMPLOYEE NAME |
| | | | |

DETAILS OF ORIGINAL TRANSACTION (Incorrect combo code used)

| | | | | |
|--|------------|---------------------|---------------------|--------------|
| EARNINGS CODE | POSITION # | PAY PERIOD BEG DATE | PAY PERIOD END DATE | |
| INCORRECT COMBO CODE (fund/dept/account) | | | | TOTAL AMOUNT |

FOR MULTIPLE FUNDING CHANGES PLEASE SUBMIT SEPARATE REQUEST FORMS

DETAILS OF REDISTRIBUTION (Correct combo code to be used) Note: Total should tie to the HE Actual Report Attached

| | | | | |
|----------------------------|--|------------|-------|--|
| REDISTRIBUTION COMBO CODE: | PLEASE CHECK EACH TYPE OF CHANGE BELOW | | | TOTAL REDIST AMT (EARNINGS, DEDUCTIONS AND/OR TAXES) |
| | Earnings | Deductions | Taxes | |
| | | | | |

REASON FOR CHANGE: (Required)

Dept. Contact Name: _____ **Phone #:** _____

Requestor Signature _____ Date _____ Reviewing Authority _____ Date _____

Department Signature _____ Date _____ Reviewing Authority _____ Date _____

Required for grant and contract funds

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PLEASE ATTACH HE ACTUAL REPORT AND SUBMIT ALL TO PAYROLL & BENEFITS OFFICE