Request for Payroll Correction / Payroll Correction Reversal

This form should be completed and sent to Accounting Services, G3 Parker Hall when corrections to payroll expenses are needed for a payroll that was posted in the General Ledger more than two accounting periods (months) prior to the request. Reference: Business Policy 213 – Adjustment of Income and Expense Items.

NOTE: This is to be used for NON GRANT corrections ONLY. Contact the Office of Sponsored Programs for the procedures and forms required for payroll correction on grant activity.

Date: __________________ Form Completed By: ________________________ Phone: ______________

Employee Name: __________________________________________________________________________

Empl ID: _________________________ Pay End Date: __________________________

Note: If more than one payroll needs to be transferred, please attach a list providing the Pay End date(s) and the amount to be transferred.

Reason for transfer / or reversal of transfer (If more space is needed, please attach additional sheet)

Request to (select one):

☐ Create a Payroll Correcting Entry (PCE). Total Amount to be transferred: $ ________________

Salary/Benefit breakdown: Salary $ ____________________________ Benefits $ __________________________

☐ Reverse a Payroll Correcting Entry (PCE). PCE Number(s): ______________________________

Approvals:

► Transfer Expense from:

Chartstring Name: ____________________________

MoCode         Fund              DeptID       Program        Project                        Class

Required Approvals (Related to Chartstring transferred from):

Department Chair or Equivalent:

Printed Name ____________________________ Signature ____________________________ Date ______________

Dean or Equivalent:

Printed Name ____________________________ Signature ____________________________ Date ______________

► Transfer Expense To:

Chartstring Name: ____________________________

MoCode         Fund              DeptID       Program        Project                        Class

Required Approvals (Related to Chartstring transferred to):

Department Chair or Equivalent:

Printed Name ____________________________ Signature ____________________________ Date ______________

Dean or Equivalent:

Printed Name ____________________________ Signature ____________________________ Date ______________

Accounting Approval: ____________________________ Date: ________________________