



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