

# OSPA Payroll Correcting Entry Request Form

Reference: BPM 213 Adjustment of Income & Expense Items: <http://www.umsystem.edu/ums/departments/fa/management/business/manual/0213.shtml>

This form should be completed and sent to OSPA at 202 Centennial Hall if Payroll Corrections are needed for salary and fringe that hit more than TWO accounting periods prior to request date.

## Questions regarding transfer:

Is this an allowable expense on the project?  Yes  No

Will this transfer overspend the account?  Yes  No

Is this transfer being done to fully spend out the project?  Yes  No

Did this person work on the project?  Yes  No

Does the transfer change the EVR by more than 5%?  Yes  No

If yes, has corrected EVR been printed and signed?  Yes  No

Has the PAF been changed?  Yes  No  N/A

If PCE changes the existing certified Effort Verification Report (EVR) by more than 5% please contact your OSPA for a copy of the EVR to revise.

\* (If individual is not available for signatures please explain why)

Date: \_\_\_\_\_ Form Completed By: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Employee Whose Payroll is Being Transferred: \_\_\_\_\_ Empl ID: \_\_\_\_\_

**Reason for Transfer:** (if more space is needed please attach additional sheets) Please make sure your reason for transfer answers the following questions: **who, what, when, where, why** did it happen & **how** to ensure this won't happen again.

## Chartfield Transferring From:

MoCode	Fund	DeptId	Program	Class	Project Number
_____	_____	_____	_____	_____	_____
Pay End Date		Amount		Reference JE# If Applicable	
_____		_____		_____	
Pay End Date		Amount		Reference JE# If Applicable	
_____		_____		_____	

(if more than two pay end dates are being moved you can attach a sheet listing the dates and amounts)

## Chartfield Transferring To:

MoCode	Fund	DeptId	Program	Class	Project Number
_____	_____	_____	_____	_____	_____

## Required Signatures:

\_\_\_\_\_  
**Employee** (Printed) Signature\* Date

\_\_\_\_\_  
**Principal Investigator** (Printed) Signature Date

\_\_\_\_\_  
**Department Chair or Equivalent** (Printed) Signature Date

\_\_\_\_\_  
**Second Principal Investigator** (If applicable) Signature Date  
(Required if transfer is from one PI's project to another PI's project)

\_\_\_\_\_  
**Second Chair or Equivalent** (If applicable) Signature Date  
(Required if transfer is from one PI's project to another PI's project)

\_\_\_\_\_  
**Vice Provost and Dean** Signature Date

**OSPA(s) Comments & Approval – each OSPA with projects affected should approve**

Will this transfer make the project have excess revenue on either account?  Yes  No

Is sponsor approval necessary for this transfer?  Yes  No

**Other OSPA Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ Printed	_____ Signature	_____ Date	_____ MoCode
_____ Printed	_____ Signature	_____ Date	_____ MoCode

\_\_\_\_\_  
**Vice Provost for Research / Designee**      Signature      Date

**VP for Research Comments:**     **Approved**     **Denied**

**Other Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_