

University of Florida  
Request for Salary or OPS Transfer

Date: \_\_\_\_\_

1. Project # to be charged: \_\_\_\_\_  
Fund      Project #      Dept ID      Account      SOF

Project # to be refunded: \_\_\_\_\_  
Fund      Project #      Dept ID      Account      SOF

2. Name: \_\_\_\_\_ UFID: \_\_\_\_\_

Dates Covered: \_\_\_\_\_

Total amount of the correction including benefits and salary: \$ \_\_\_\_\_

3. Has the activity report for the period been completed?      Yes       No

If Yes, complete the following:

Project #	% of Effort Reported on Activity Report	% of Effort after this Request

4. Provide concise answers to the following: (Use the back of this sheet for any additional information.)

a. Why did you appoint the person on the project being refunded instead of the project now charged?
b. How does this cost benefit the project being charged?
c. What steps are you taking to avoid this kind of salary or OPS transfer in the future?
d. Why was temporary funding not requested from DSR?

Was the project this being refunded overspent?      Yes       No

Is the form Non-Cross College or Cross College attached?      Yes       No

I certify that the above information is true and correct.      Yes       No

\_\_\_\_\_  
Contracts & Grants Approval      Date

\_\_\_\_\_  
Department Chair or Principal Investigator Approval      Date