

**ADDITIONAL PAY CORRECTION REQUEST  
UNIVERSITY OF FLORIDA**

Request Date:	
Requested By:	
Phone Number:	
Email Address:	

**\*\* PLEASE REFER TO ORIGINAL ADDITIONAL PAY SCREEN FOR DATA BELOW \*\***

Please enter one pay period per request section below.

Employee Name:		(i.e. FUS, BNS etc)
Employee/UFID Number:		
Earnings Code:		
Pay Period End Date:		

	Dept ID/Fund/Project	HR Acct Code	Dollar Amount
Original Entry:			

	Dept ID/Fund/Project	HR Acct Code	Dollar Amount
Transfer to:			

Employee Name:		(i.e. FUS, BNS etc)
Employee/UFID Number:		
Earnings Code:		
Pay Period End Date:		

	Dept ID/Fund/Project	HR Acct Code	Dollar Amount
Original Entry:			

	Dept ID/Fund/Project	HR Acct Code	Dollar Amount
Transfer to:			

Employee Name:		(i.e. FUS, BNS etc)
Employee/UFID Number:		
Earnings Code:		
Pay Period End Date:		

	Dept ID/Fund/Project	HR Acct Code	Dollar Amount
Original Entry:			

	Dept ID/Fund/Project	HR Acct Code	Dollar Amount
Transfer to:			

When form is completed, please email to: [distributions@admin.ufl.edu](mailto:distributions@admin.ufl.edu) or FAX to 846-0166