Payroll Distributions - Non Cross College Corrections

Finance and Accounting

Date: _____

Employee Name: _____

Employee/UFID Number: _____

Employee Record Number: _____

Department ID: _____

Earnings Code (if applicable)	Charged Department			Project End Date (mm/dd/yy)	Contingent Yes/No	Earnings Account Code (HRAC)	Percent **see note below	Distribution Beginning Date (mm/dd/yy)	Distribution End Date (mm/dd/yy)
	Dept ID	Fund	Project						

NOTE: Sufficient budget must exist in order for the correction to be processed.

REASONS FOR USE OF THIS FORM INCLUDE:

- Prior year grant-related distribution corrections that include changing date ranges.
- Current year distribution corrections that are non-cross college and are unable to be processed at the department or college level.

** Each Distribution period must equal to 100%

I confirm that this Payroll Distribution form supersedes any prior Payroll Distributions form sent to University Payroll Services.

Contact Information

Contact Name: _____

Phone: _____

Email: _____

APPROVED:

(Home Department) _____
Dean/Director/Department Head (Typed)

_____
Dean/Director/Department Head (Signature)

Preferred Method of submission - BY E - MAIL:

Requirements:

1. Form completed by department and signed by proper Approving Authority.
2. Completed form e-mailed to: distributions@admin.ufl.edu

Alternate Method of submission – BY PAPER:

Requirements:

1. Form completed by department and signed by proper Approving Authority.
2. Completed form returned to:
   University Payroll Services
   PO Box 113201
   Fax: 352-846-0166

FA-PR-NCCC 06/09

Reset