Originating D Information:	nt	Payroll Correction Form						(rev 11/15/05)				
Name:  Department Contact:  Please Print  PI Signature:  *BENEFITS AUTOMATICALLY FOLLOW CHANGES. PI *PAYROLL CORRECTIONS TO AN OFFICE OF SPONS EFFORT REPORT  Please make the following corrections:					Please forward to payroll for processing							
Index Paid	Acct.	Transaction	Pay Period	Banner ID#		Name		Gross Amount	Correct Index	Acct.	Fdoc	
From	_	Date	(1-12)								#	
	-	<del>                                     </del>	<del>                                     </del>						<del>                                     </del>		<u> </u>	
	+	+									<del>                                     </del>	
	+	1	_								<del>                                     </del>	
	$\bot$	<u> </u>									<u> </u>	
	+										<del>                                     </del>	
			<u>.</u>							<u> </u>		
Per Federal/State guidelines, transfers and/or corrections involving a G&C account must be supported by a full justification for said transfer and/or corrections and							For Office Use Only					
made within 9	ິງ days of	the original ch	narge. Justific	cation:			Received in G&C, AES, ES, Office for approval	or Controller's Reco	eived in Payroll for prod	essing:		
Return Notatio	ns:											