Payroll Correction Form

Originating Department Information:

Name: ________________________

Department Contact: ________________

PI Signature: ____________________

*BEFORE AUTOMATICALLY FOLLOW CHANGES. PLEASE DO NOT INCLUDE ON FORM
*PAYROLL CORRECTIONS TO AN OFFICE SPONSORED PROGRAM INDEX NUMBER MAY REQUIRE AN ADJUSTMENT TO THE TIME AND
EFFORT REPORT

Please make the following corrections:

<table>
<thead>
<tr>
<th>Index Paid From</th>
<th>Acct.</th>
<th>Transaction Date</th>
<th>Pay Period (1-12)</th>
<th>Banner ID #</th>
<th>Name</th>
<th>Gross Amount</th>
<th>Correct Index</th>
<th>Acct.</th>
<th>Fdoc #</th>
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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
made within 90 days of the original charge. Justification:

Return Notations:

For Office Use Only

Received in G&C, AES, ES, or Controller’s Office for approval

Received in Payroll for processing: