

Originating Department  
Information:

**Payroll Correction Form**

(rev 11/15/05)

Name: \_\_\_\_\_

Department Contact: \_\_\_\_\_

*Please Print*

PI Signature: \_\_\_\_\_

For indices 427XXX – 429XXX and 4WXXXX, please forward to **OSP** for approval.

(Between grants please forward to OSP for processing) \_\_\_\_\_

For indices 9XXXXX, forward to **AES** for approval. \_\_\_\_\_

For indices 0XXXXX, forward to **ES** for approval. \_\_\_\_\_

Please forward to payroll for processing

**\*BENEFITS AUTOMATICALLY FOLLOW CHANGES. PLEASE DO NOT INCLUDE ON FORM**

**\*PAYROLL CORRECTIONS TO AN OFFICE OF SPONSORED PROGRAMS INDEX NUMBER MAY REQUIRE AN ADJUSTMENT TO THE TIME AND EFFORT REPORT**

**Please make the following corrections:**

Index Paid From	Acct.	Transaction Date	Pay Period (1-12)	Banner ID #	Name	Gross Amount	Correct Index	Acct.	Fdoc #

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: