Request for Payroll Correction / Payroll Correction Reversal

This form should be completed and sent to Accounting Services, G3 Parker Hall when corrections to payroll expenses are needed for a payroll that was posted in the General Ledger more than two accounting periods (months) prior to the request.
Reference: Business Policy 213 – Adjustment of Income and Expense Items.
NOTE: This is to be used for NON GRANT corrections ONLY. Contract the Office of Sponsored Programs for the procedures and forms required for payroll correction on grant activity.

Date: _____ **Form Completed By:** _____ **Phone:** _____

Employee Name: _____

Empl ID: _____ **Pay End Date:** _____

Note: If more than one payroll needs to be transferred, please attach a list providing the Pay End date(s) and the amount to be transferred.

Reason for transfer / or reversal of transfer *(If more space is needed, please attach additional sheet)*

Request to *(select one)***:**

- ☐ **Create a Payroll Correcting Entry (PCE).** Total Amount to be transferred: $ _____
  Salary/Benefit breakdown: Salary $_____ Benefits $ _____
- ☐ **Reverse a Payroll Correcting Entry (PCE).** PCE Number(s): _____

Approvals:

► **Transfer Expense from:**
Chartstring Name: _____

_____	_____	_____	_____	_____	_____
MoCode	*Fund*	*DeptID*	*Program*	*Project*	*Class*

Required Approvals (Related to Chartstring transferred from):

Department Chair or Equivalent:

_____	_____	_____
Printed Name	*Signature*	*Date*

Dean or Equivalent:

_____	_____	_____
Printed Name	*Signature*	*Date*

► **Transfer Expense To:**
Chartstring Name: _____

_____	_____	_____	_____	_____	_____
MoCode	*Fund*	*DeptID*	*Program*	*Project*	*Class*

Required Approvals (Related to Chartstring transferred to):

Department Chair or Equivalent:

_____	_____	_____
Printed Name	*Signature*	*Date*

Dean or Equivalent:

_____	_____	_____
Printed Name	*Signature*	*Date*

Accounting Approval: _____ **Date:** _____