

# 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. Contact 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
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**Required Approvals (Related to Chartstring transferred from):**

**Department Chair or Equivalent:**

Printed Name	Signature	Date
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**Dean or Equivalent:**

Printed Name	Signature	Date
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► **Transfer Expense To:**

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

MoCode	Fund	DeptID	Program	Project	Class
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**Required Approvals (Related to Chartstring transferred to):**

**Department Chair or Equivalent:**

Printed Name	Signature	Date
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**Dean or Equivalent:**

Printed Name	Signature	Date
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Accounting Approval: \_\_\_\_\_ Date: \_\_\_\_\_