

Questrom School of Business Salary Distribution Change Form

Note: ALL sections of this form must be completed. Incomplete forms will be returned

New Salary Distribution Information

Faculty or Staff's Name	from:	to:	
	Distribution Period	*A separate form must be submitted for each distribution period	
New Salary Source Name	Account Number	Salary Percentage	
1 _____	_____	_____	
2 _____	_____	_____	
3 _____	_____	_____	
4 _____	_____	_____	
5 _____	_____	_____	

PROCESS CONTROL INFORMATION

Justification supporting the necessity of the transfer:

If any portion of the salary distribution is retro active please respond to the following prompt.

A detailed explanation of what caused the error and how it was discovered:

If in excess of 90 Days of the original transaction date respond to the prompts below.

Provide the extenuating circumstance for the delay in processing adjustment:

Identify the controls that will be implemented or what action has been taken to ensure the error does not occur again:

AUTHORIZATION

Faculty or Staff's Signature	Date
Department Approval	PI Approval (if source is a grant)

(for internal use only)

Unit: _____ Dept: _____ Source: _____

Date Received: _____ Date Input: _____

Approved: _____