



**RETROACTIVE TRANSFER OF SALARY CHARGES (FORM FA-10)**

DATE SUBMITTED: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position Number: \_\_\_\_\_

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

DEBIT ACCOUNT NUMBER (ACCT TO BE CHARGED)	Principal Investigator	SPONSORED ACCOUNT BUDGET PERIOD		FOR PAYROLL PERIOD			SALARY TO BE DEBITED		FOR EXPENDITURE CONTROL OFFICE USE
		Start	End	From	To	Pay ID	Object Code	Amount	

CREDIT ACCOUNT NUMBER	Principal Investigator	SPONSORED ACCOUNT BUDGET PERIOD		FOR PAYROLL PERIOD			SALARY TO BE CREDITED		FOR EXPENDITURE CONTROL OFFICE USE
		Start	End	From	To	Pay ID	Object Code	Amount	

- Explanation 1. \_\_\_\_\_ Late notice of award: attach confirmation of late award receipt date.
2. \_\_\_\_\_ Job duties changed: attach a copy of PEF (Personal Event Form) or "DHRS" Browse screen redistribution salary.
3. \_\_\_\_\_ Other, on Sponsored Federal accounts, if the transfer is over 90 days a memo of justification must be attached, otherwise, explain below:  
\_\_\_\_\_
4. \_\_\_\_\_ Payroll default clearance: attach a copy of PEF (Personal Event Form) or "DHRS" Browse screen.

Note: Appropriate copies of Labor distribution reports must be attached.

**FRINGE BENEFITS WILL BE CALCULATED AUTOMATICALLY BY THE PAYROLL SYSTEM**

- Approvals:**
1. \_\_\_\_\_  
Signatory for Acct. to be charged Date
  2. \_\_\_\_\_  
Dept. Head or Dean (if required) Date
  3. \_\_\_\_\_  
Budget / Sponsored Exp. Ctrl. Approval Date
  4. \_\_\_\_\_  
Journal Prepared By Date

FOR FURTHER INFORMATION CONCERNING THIS REQUEST PLEASE CONTACT:
NAME
PHONE

# INSTRUCTIONS

## RETROACTIVE TRANSFER OF SALARY CHARGES (FORM FA-10)

The FA-10 form is used to reallocate:

- a. Salary for Administrative and Hourly Paid Staff when 100% of base pay is changed to NON Sponsored accounts, otherwise, use FEI
- b. Non-base pay (overtime, overload, incentive pay, etc.)
- c. Effort for Faculty, Research Associates, Administrative and Hourly Paid Staff if paid on a Sponsored account and the FEI (monthly Funding & Effort Information form) is not available. Explanation is required.

**Type or Print Clearly**

### INSTRUCTIONS

Please complete as indicated below:

- 1) Name, social security number and position number of employee whose salary is to be transferred
- 2) Name of Department submitting the request
- 3) Date request is being processed
- 4) University account number to be debited or charged
- 5) University account number to be credited
- 6) Name of Principal Investigator or authorized signatory
- 7) Account budget period start and end date (for Sponsored accounts only)
- 8) Payroll period: actual dates corresponding to the pay period to be transferred
- 9) Pay ID: payroll identification number, i.e., 1R04, 3R06, 2R04, etc.
- 10) Salary object code and amount of salary to be transferred
- 11) Fringe Benefits will be calculated automatically by the Payroll system and do not have to be entered in this form

Requirements:

- 1) Please check the appropriate explanation and attach documentation as required.
- 2) Attach appropriate Labor Distribution Report for each period being adjusted.
- 3) A printout of the "DHRS" Browse Pay screen showing pay distribution and printout of "FRS" screen 23 showing the charge, may be used in lieu of the labor distribution report.
- 4) Transfers on Sponsored Federal accounts, if over 90 days from the date of the occurrence, must have a written letter of justification explaining the reason for delay in processing.
- 5) If request is "Other" and within 90 days (see item 4), please indicate a brief explanation of the request, on the line provided.
- 6) All signatures must be affixed and dated.
- 7) Send request with backup documentation to the appropriate Budget or Sponsored program approval office. As listed below:

**Coral Gables and South Campus:**

Sponsored Program - Financial Admin  
Room 209 Max Orovitz Bldg.  
Locator Code 1424

**Medical Campus:**

Expenditure Control/Budget  
Office  
Please check UM directory

**RSMAS:**

Business Office  
S/A 110