

BOSTON UNIVERSITY

SALARY ADJUSTMENT REQUEST FORM FOR GRANT AND CONTRACTS -5 -6 -7 ACCOUNTS

RETURN TO: Grant and Contract Accounting
25 Buick Street - Second Floor

DATE: _____

This form is to be used to adjust the distribution of salary which has already been paid. In order to process your adjustment request, all the following information is required. Please call x2087 if you have any questions or need assistance in completing this form.

EMPLOYEE NAME: _____

EMPLOYEE I.D. NUMBER: _____

POSITION/TITLE: _____

Please check one of the following:

____ Clerical / Administrative

____ Research / Technician

If clerical or administrative, were funds specifically approved in the budget for the charges: Yes ____ - No ____.

PAR PERIOD AFFECTED: _____

(See Reverse Side)

PAYROLL PERIOD OF CHARGE BEING ADJUSTED: from _____ to _____

Charges should NOT be more than 90 days past original transaction date.

ACCOUNT TO BE CHARGED (DEBIT) _____ - _____ - _____ - _____
unit - dept - obj. code - source number
AMOUNT \$ _____

ACCOUNT TO BE CREDITED (CREDIT) _____ - _____ - _____ - _____
unit - dept - obj. code - source number
AMOUNT \$ _____

SPECIFIC REASON FOR TRANSFER OF CHARGES: _____

AUTHORIZATION OF TRANSFER: _____
Principal Investigator (or other authorized signature)

CONTACT PERSON: _____
Name Address Extension

CAS FINANCE: _____ DATE _____
ALL CAS REQUESTS MUST BE ROUTED THROUGH CAS FINANCE

INFORMATION

Adjustment form must be completed in full.

Charges should **NOT** be over **90** days past original transaction date.

If the payroll period affected is not within the current Personal Activity reporting (PAR) period, federal regulations OMB A-21 requires that the employee's PAR be corrected to reflect the accurate salary distribution corresponding to effort expended. **Salary adjustment should not overlap PAR periods.**

CHARLES RIVER PAR PERIODS

<u>Weekly - Paid Employees</u>	<u>Monthly - Paid Employees</u>
JAN. 1 - MARCH 31	JAN. 1 - MAY 31
APRIL 1 - JUNE 30	JUNE 1 - JUNE 30
JULY 1 - SEPT. 30	JULY 1 - AUG. 31
OCT. 1 - DEC. 31	SEPT. 1 - DEC. 31

MEDICAL CAMPUS PAR PERIODS

<u>Weekly - Paid Employees</u>	<u>Monthly - Paid Employees</u>
JAN. 1 - MARCH 31	JAN. 1 - JUNE 30
APRIL 1 - JUNE 30	JULY 1 - DEC. 31
JULY 1 - SEPT. 30	
OCT. 1 - DEC. 31	

Requests not approved by Grant and Contract Accounting will be returned to the designated contact person or in the case of CLA , to CLA finance for redistribution to the principal investigator.

Please provide the amounts by pay period for those adjustments covering more than one pay period.

<u>TRANSACTION DATE</u>	<u>AMOUNT</u>
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____
5) _____	\$ _____
6) _____	\$ _____
7) _____	\$ _____
8) _____	\$ _____
TOTAL	\$ _____