

INSTRUCTIONS: Student Salary Adjustment Request Form on page 2

This form is used to adjust the distribution of student salary which already has been paid.

If the salary adjustment request is **not** related to a Sponsored Program (the grant equivalent of an internal order), **please skip Section 1.**

Section 1 (Complete only if adjustment affects a Sponsored Program)

- Please complete this form accurately and in its entirety. The information below requires an explanation of transfer request and requisite approvals.
 - Page 2 includes a table of distribution information where both the current and proposed new distribution are necessary.
- This form must be received by Research Accounting within 90 days of the original transaction date. Forms submitted in excess of 90 days require additional documentation and justification, described below.
- Requests not approved by Research Accounting will be returned to the designated contact person.

For further information, refer to the Salary Adjustment Policy available at <http://www.bu.edu/researchsupport/forms-policies/sponsored-program-salary-adjustment/>

Requirements

- **If within 90 days of the original transaction date:**
 - Justification supporting the necessity of the transfer.
 - A detailed explanation of what caused the error and how it was discovered. An explanation that states to "correct a clerical error" or "transfer to correct grant or contract" is not sufficient.
- **If in excess of 90 days of the original transaction date:** In addition to the information listed above, the following is necessary:
 - The reason for the delay in processing the adjustment.
 - Identification of the controls that will be implemented or what action has been taken to ensure the error does not occur again.
 - Signature of the Principle Investigator*. In the instances where signatures are not available, emails evidencing the PI's approval are adequate.

Section 2

1. Log on to University Business Link.
 2. Choose "Student Employment" option.
 3. Under "General Functions" heading, choose "Student Employee Information".
 4. Enter Student UID and Semester to be adjusted and submit.
 5. Click on the appropriate highlighted job number to access specific job information. This will bring up the "Job Information and Earnings History" for the student job to be adjusted.
 6. **A separate printed copy or PDF of the "Job Information and Earnings History" screen must be attached for each semester requiring adjustment.**
 7. Use the history information located at the bottom of the page to identify all the "Week End Date(s)" and the corresponding payment amounts that need to be adjusted. "Weekly Salary" or "Regular Pay" amounts should be totaled. Please note that only gross earnings are displayed.
 8. In the section below, list the "From" and "To" payroll "Week End Date(s)" to be adjusted, the total adjustment amount for all weeks, as well as the current and new cost distribution information.
- ❖ Please verify that the distribution has been updated in the Student Employment system going forward. If not, **please correct immediately** by choosing "Distribution Change" under "Job Maintenance Functions".

Student Salary Adjustment Request Form

Student Employee Name: Student Employee ID#: Student Employee Job#:

Section 1:

EFFORT REPORTING INFORMATION

- If the adjustment being requested affects an original transaction date for which a Personnel Activity Report (PAR) has been printed and distributed, federal regulations require that the employee's PAR be corrected to reflect the accurate salary distribution corresponding to the effort expended and it must be submitted with this form.
- If the PAR has already been certified and submitted to Post Award Financial Operations, please request the certified copy from Effort Reporting. Refer to Section H of BU's Effort Certification Policy for accurate correction of the PAR before re-submitting with this form.

Specific Reason for Transfer of Charges:
(Do not exceed the size of the box on the right and the one below!)

is this request form being submitted within 90 days of the date of the original transaction? Yes No
If "No", provide the extenuating circumstance for the delay in processing the adjustment and action(s) taken to ensure the error does not occur again:

AUTHORIZATION OF TRANSFER: PRINTED NAME(S): Date:
Signature of Authorized Official and, if over 90 Days, Principal Investigator*

Section 2:

Job Information and Earnings History (Must Be Attached)			Current Distribution			New Distribution		
			Enter Data in only 1 of these 2 Columns					
Pay Period Week End Date(s) (Sunday dates only, can be a range)			Total Adjustment	Cost Center (10 Digits)	Internal Order (10 Digits)	Total Adjustment	Cost Center (10 Digits)	Internal Order (10 Digits)
From:	2016/05/15	To: 2016/05/22	\$99,999.99	1234567890		\$99,999.99		9534567890
From:		To:						
From:		To:						
From:		To:						
From:		To:						
From:		To:						
From:		To:						

Payroll Coordinator Signature: Printed Name: Phone No.
Name and E-mail of Additional Administrative Contact Date:

For Sponsored Programs, please email this form including all attachments to the Post Award Financial Operations mailbox: effort@bu.edu

Questions: 617-353-4555

For BMC Sponsored or BU Non-Sponsored Programs, please forward this form including all attachments to:
Student Payroll Office
881 Commonwealth Ave, 2nd Floor
Boston, MA 02215
E-mail: seo@bu.edu, Fax: 617-353-9200
Questions: 617-353-3588

RESEARCH ACCOUNTING APPROVALS:
RA Signature: Last Name: DATE
AD/DIR DATE
AVP DATE