



PAYROLL RETRO FUNDING CHANGE

TO BE COMPLETED BY THE DEPARTMENT	
USC ID:	NAME: (Last, First, Middle)
EMPL RECORD:	HOME DEPT#:
DEPARTMENT NAME:	
JUSTIFICATION/NOTES:	

PAYCHECK DATE:	
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CURRENT DISTRIBUTION									
OPER UNIT	DEPT	FUND	ACCOUNT	CLASS	BUSINESS UNIT	PROJECT #	COST SHARE	COMBO CODE	AMOUNT
TOTAL RETRO FUNDING CHANGE									

NEW DISTRIBUTION									
OPER UNIT	DEPT	FUND	ACCOUNT	CLASS	BUSINESS UNIT	PROJECT #	COST SHARE	COMBO CODE	AMOUNT
TOTAL RETRO FUNDING CHANGE									

PAYCHECK DATE:	
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CURRENT DISTRIBUTION									
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NEW DISTRIBUTION									
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TOTAL RETRO FUNDING CHANGE									

SIGNATURES			
Initiated by:	Date:	Approved by:	Date:
Printed Name:		Printed Name:	
Grants & Funds Management:		Date:	
CONTROLLER'S OFFICE USE ONLY			
Printed Name:		Date Entered:	

INSTRUCTIONS

NOTE: You must use the check date and not the earnings date. If you are moving payroll for more than one check date, they must be broken out separately. If you are moving more than three pay checks, please attach a second form.

NOTE: YOU MUST INCLUDE BACK UP THAT SHOWS WHERE THE SALARY EXPENSE WAS ORIGINALLY CHARGED. If the backup is not included, the form will be rejected and sent back to the department.

1. **ID:** Enter the employee's USC ID.
2. **Name:** Enter the employee's name.
3. **Empl Record:** Enter the empl record for the paycheck you are moving
4. **Home Dept:** Enter the employee's assigned 6 digit home dept number
5. **Department Name:** Enter the department name.
6. **Justification/Notes:** Enter any information needed to explain the purpose of the JE. In addition, include any information needed to prepare the entry.
7. **Check Date:** This date is very important. **Pay dates are the 15th and the last day of each month.** Use the **paycheck issue date**, not the pay period end date. If an incorrect date is used, the form will be rejected and sent back to the department.
8. **Current Distribution:** List the chart string and combo code where the salary and fringe expense were originally charged. If any of these do not match how the expense was recorded, the form will be rejected and sent back to the department. Please list the total **Salary Amount** that needs to be moved. The applicable fringe amount associated with the salary reported will automatically be transferred as part of the journal entry. Please do not include the fringe benefit costs in the Amount column. If the amount exceeds the actual amount charged to the account, the form will be rejected and sent back to the department.
Note: You **must** include backup that shows where the salary expense was originally charged. If the backup is not included, the form will be rejected and sent back to the department.
9. **New Distribution:** List the chart string and combo code where the expense needs to be moved. The amounts need to equal the amounts that are listed in the Current Distribution section. If they do not match, the form will be rejected and sent back to the department.
10. **Signatures:** The person initiating the journal entry needs to sign as well as the person in the department who approves these transactions. Please also print the names. **BOTH SIGNATURES ARE REQUIRED**
11. Once complete, send the form to the **RetroJE@mailbox.sc.edu** processing.