Tulane

Clear Form

Office of Payroll Administration

RETRO-ONLY PAF

Use this form for retroactive redistribution of salary only.

PLEASE NOTE: This will NOT affect the current Payroll distribution.

Use only a properly routed standard **PAF** to make changes in the current Payroll System**.**

Department:	Date: **Jun 27, 2006**

Employee Number	Last Name, First Name, Middle Initial

Effective date of certified PAF being amended: _____

Retro Start Date: **Retro End Date**:

Move salary from:

Account/Project	Task	Award	% of Effort	P.I.
			0.00%	
			0.00%	
			0.00%	
			0.00%	
Percent of effort not changed (previous cert. applies)			**100.00%**	
Total % of Effort MUST equal 100%			**100.00%**	

Move salary to:

Account/Project	Task	Award	% of Effort	P.I.
			0.00%	
			0.00%	
			0.00%	
			0.00%	
Percent of effort not changed (previous cert. applies)			**100.00%**	
Total % of Effort MUST equal 100%			**100.00%**	

Clearing suspense? Yes ____ No ____ Contact person: _____ Phone: _____

Base pay this period: _____ **X % of Effort changed** **0.00%** **= Total Amount Moved** **0.00**

Reason for transfer:

Additional Remarks:

EFFORT CERTIFICATION: I hereby certify that the workload (100%) reflected in the "Move salary to" section above was reasonable without significant variations in the effective dates shown. This retro is an amendment to the certified PAF on file.

Employee/Supervisor Date

Dept. Head for employee's home dept. Date

Other necessary approvals Date

Administrative signatures:

Office of Research Date

Payroll Date

Other necessary approvals Date

Submit completed form to Margot Heffner c/o Controller
7029C Freret St. Fax 862-8575 Phone 314-2778