

Please do not send this form to Payroll. See below for information.

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: _____
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<u>Employee Number</u>	<u>Last Name, First Name, Middle Initial</u>
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Effective date of certified PAF being amended: _____

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

Credit account or project (remove charges):					Debit account or project (add charges):				
<u>Account/Project</u>	<u>Task</u>	<u>Award</u>	<u>% of Effort</u>	<u>P.I.</u>	<u>Account/Project</u>	<u>Task</u>	<u>Award</u>	<u>% of Effort</u>	<u>P.I.</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Percent of effort not changed (previous cert. applies) _____					Percent of effort not changed (previous cert. applies) _____				
Total % of Effort MUST equal 100% _____					Total % of Effort MUST equal 100% _____				

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

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

Reason for transfer: _____

Additional Remarks: _____

<p>Department signatures:</p> <p>_____ Employee/Supervisor Date</p> <p>_____ Dept. Head for employee's home dept. Date</p> <p>_____ Other necessary approvals Date</p>	<p>Administrative signatures:</p> <p>_____ Office of Research Date</p> <p>_____ Completed Date</p> <p>_____ Other necessary approvals Date</p>
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Once all approvals have been received, please submit to Margot Heffner:
by fax to 862-8575 or by email to mheffner@tulane.edu