Florida State University
Overview and Instructions: Retroactive Distribution of Funding Form

The Retroactive Distribution of Funding (RDF) Form must be used to make any correction or change to the funding source of an individual employee for a prior pay period. The RDF Form may not be used for any retroactive changes in compensation, employment period, full-time equivalency, position, or status.

The RDF is required in order to make corrections to:
- Department charges in the event of a late personnel appointment
- Combination codes for erroneous time, leave, and account information entries
- Significant differences between an employee's effort reported on Personnel Activity Reporting System (PARS) and actual payroll charges

The RDF must be completed and submitted to Payroll Services within 30 days from the end of the month in which the error occurred. Should the correction result from the discovery of an effort error during the PARS verification process, then the correction must be submitted within 30 days of the PARS verification discovery. Corrections submitted beyond the 30-day deadline require a separate, typewritten detailed explanation and authorization from the appropriate Dean or Vice President.

Instructions

Step 1: Department

The originating department completes the RDF Form to correct the prior period funding.

Additional documentation required:
- Payroll charges from the pay period(s) affected (OMNI OBI HR-GL Detail Report)
- A copy of the Personnel Action Form (PAF).

Departments should consider the following when completing the RDF Form:
- Only the new RDF Form (revised in June 2008) should be used for retroactive distributions (parature tickets, ePAFs, and pPAFs should not be used).
- Incomplete or inaccurate forms and/or supporting documentation will be returned to the department.
- Forms completed outside of the 30-day deadline must include the appropriate Dean or Vice President authorization.
- Payroll will only process original forms with original signatures.

Step 2: Sponsored Research Accounting Services (SRAS)

SRAS reviews the paperwork for authorized signature, funding information, performance period, and allowability. Note: This step is required only for submissions involving sponsored projects.

Step 3: Payroll Services (Payroll)
- Payroll Services will send an email confirming receipt of the document.
- The RDF will be processed on the next available oncycle pay period unless otherwise notified.
- Departments should immediately review RDP changes in OMNI to assure accuracy.

Office of the University Controller
Florida State University

Payroll Services
5600A University Center
Tallahassee, FL 32306-2391
Ph: (850) 644-3813 Fax: (850) 644-9403

RETROACTIVE DISTRIBUTION OF FUNDING FORM

Employee ID: _____   **Empl Rcd No:** _____   **Date Prepared:** _____

Last Name: _____   **First Name:** _____   **MI:** ____

Select One: ☐ Exec Svc   ☐ Faculty   ☐ A&P   ☐ USPS   ☐ OPS

Position No. _____   **Standard Hrs (Weekly):** _____   **Hr/Bi-week Rate:** _____

Dept. No. _____   **Administrative Code:** _____   **Annual or**

Job Code: _____   **Job Title:** _____   **Academic Rate:** _____

College/School: _____   **Department/MC:** _____

Contact for info on RDF: _____   **Phone/e-mail:** _____

Distribution Information: Provide funding detail for current appointment.

Funding Details -- Change From :
Note: List partial pay periods on a separate line.

Start Date	End Date	Funding Info (DeptID, Fund Code, Project)	% of Total Earnings	# of Pay Periods	Earnings Period Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Funding Details -- Provide fuding information for items to be changed :

Start Date	End Date	Funding Info (DeptID, Fund Code, Project)	% of Total Earnings	# of Pay Periods	Earnings Period Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Attach additional distribution form, if necessary)

Distribution Justification: provide justification for the transfer and additional details.

Required explanation:

_____

Additional information pertinent to this request:

_____

Retroactive distributions must be submitted within 30 days from the end of the month in which the error occurred.
Beyond the 30-day deadline, provide detailed explanation and obtain Dean or Vice President approval. Attach memo (required).

Reviewed and Approved By:

_____   _____
PI or Sponsored Project Manager   Date

SRAS Use Only:

_____   _____
Department Chair   Date

Payroll Use Only:

_____   _____
Dean/Director/Vice President   Date

☐ JE Required