Retroactive Distribution of Funding Form
Overview and Instructions

Retroactive Distribution of Funding (RDF) Checklist

✓ When to Use the RDF Form

- The eRDF system **cannot** process the correction (system error or failure).
- A prior pay period needs a **funding correction**, not a change to pay, FTE, dates, or position.
- You need to fix:
- Department charges from a late appointment.
- Incorrect combination codes from wrong time, leave, or account entries.

✓ Step 1: Department Tasks

- Complete all sections of the RDF Form accurately.
- Confirm that the issue **cannot** be fixed through eRDF.
- Ensure all information is correct and complete.
- Obtain **original signatures** (electronic signatures are allowed).
- Submit the original form to the next step.

✓ Step 2: SRAS Review (Only if sponsored funding is involved)

- Verifying the form has an authorized signature.
- Confirm funding information is correct.
- Check the performance period.
- Confirm allowability of charges.

✓ Step 3: Payroll Services

- Payroll processes the RDF in the next available RDF pay cycle. Review the updated funding in OMNI immediately after processing to ensure accuracy

FSU | PAYROLL SERVICES

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 funding 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.

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

PR-01 Revised 6/08