

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	Fa	aculty A&P	US	PS 🔽 C	PS		
Position No.		_ Sta	andard Hrs (Weekly):			Hr/Bi-we	ek Rate:	
Dept. No.		_ Ac	Iministrative Code:			Annual	or	
Job Code:		_ Jo	b Title:			Academ	ic Rate:	
College/School:								
Contact for info on RDF: Phone/e-mail:								
Distribution Information: Provide funding detail for current appointment.								
	s Change Froi					% of		Earningo
	y periods on a separa	ate line.	r unung			% of Total	# of Pay Periods	Earnings Period
Start Date	End Date		(DeptID, Fund C	ode, Proje	ect)	Earnings	Periods	Amount
Funding Details Provide fuding information for items to be changed :								
. and g _ claire			Funding I		Juligou i	% of Total	# of Pay	Earnings Period
Start Date	End Date		(DeptID, Fund Co		ct)	Earnings	Periods	Amount
		-						
		-						
		_						
		_						
		_						
(Attach additional distribution form, if necessary)								
Distribution Just Required explanation	-	ide jus	stification for the tra	anster a	nd addition	al details.		
Additional information	on pertinent to this red	quest:						
		44000						
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:								
			;	SRAS Use	e Only:			
PI or Sponsored Pro	oject Manager		Date					
Descentes est. Ob els				Payroll Us	se Only:			
Department Chair			Date					
Dean/Director/Vice P	President		Date					JE Required