Print Form

IOWA

Accounting and Financial Reporting

Request for Non-Grant Retroactive PayCV

Expense transfers involving salary and fringe from one account to another should be handled through an HR Change of Status (COS) transaction. This will update the HR records pertaining to **any** employee.

Use this form if:

- expenses are not being moved to a sponsored project account (funds 500 or 510)
- employee has a biweekly appointment
- employee has a monthly appointment and salary/fringe transfers are > 90 days - or - a mix of < and > 90 days after the effective date of the original transaction and you have selected to coordinate with a central office to complete the corrections on the monthly HR COS request

Instructions: Complete the entire form by answering all questions, providing required and supplemental information and getting the appropriate departmental signatures, scan and email as appropriate to (also keep a copy of the completed, signed form in your own departmental files):

- **Health Care & College of Medicine non-grant requests** – Financial Reporting & Control: hc-afr@uiowa.edu
- **Gift Account (g/p begins with 8) affected, either original or new side –** Grant Accounting: rosemary-sullivan@uiowa.edu
- **All other non-grant requests –** Accounting & Financial Reporting: AFR-ElecFinTrans@uiowa.edu

1.Why was this expense originally charged to the account from which it is now being transferred?

2.Why should this expense be transferred to the proposed account?

3.Why is this cost transfer being requested more than 90 days after the original transaction?

4.How will you prevent this type of error or situation from happening in the future?

5.Was a retroactive Accounting-Only Change of Status transaction submitted through the HR Transaction System to correct the prior effective-dated HR appointment record(s) impacted by this request? If not, why not?

Requestor's PRINTED name and signature:_____

Requestor's Phone Number: _____Date:_____

Expense Transfer Approved by:

Supervisor/Dept head PRINTED name and signature:_____

By signing above, the approver certifies that the expense transferred is appropriate for the new account charged.

Reference information required to complete PayCV:

Employee ID & employee name payroll correction is for:								
Salary dollars to transfer:					**Fringe dollars to transfer**:			
Pay period begin and end dates(s) impacted: Begin Date				End Date				
Original MFK: Fnd	Org	DeptSubdpt	G/P	Iact	Oact	Dact	Fn	Cctr
New MFK: Fnd	Org	DeptSubdpt	G/P	Iact	Oact	Dact	Fn	Cctr
Notes:								

NOTE: Please attach any files/print shots from the PayCV or CumCompDSS applications to supply central administrative staff with the details needed to complete the PayCV request. Incomplete requests will delay the creation & posting of the PayCV transactions.

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