

**UNIVERSITY OF MIAMI
RETROACTIVE TRANSFER OF SALARY CHARGES (FORM FA-10)**

DATE SUBMITTED: _____

Name of Employee: _____

Social Security Number: _____

Position Number: _____

Department: _____

| DEBIT ACCOUNT NUMBER (ACCT. TO BE CHARGED) | Principal Investigator | SPONSORED ACCOUNT BUDGET PERIOD | | FOR PAYROLL PERIOD | | | SALARY TO BE DEBITED | | FOR EXPENDITURE CONTROL OFFICE USE |
|---|------------------------|---------------------------------|-----|--------------------|----|--------|----------------------|--------|------------------------------------|
| | | Start | End | From | To | Pay ID | Object Code | Amount | |
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| CREDIT ACCOUNT NUMBER | Principal Investigator | SPONSORED ACCOUNT BUDGET PERIOD | | FOR PAYROLL PERIOD | | | SALARY TO BE CREDITED | | FOR EXPENDITURE CONTROL OFFICE USE |
|-----------------------|------------------------|---------------------------------|-----|--------------------|----|--------|-----------------------|--------|------------------------------------|
| | | Start | End | From | To | Pay ID | Object Code | Amount | |
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- Explanation
- _____ Late notice of award: attach confirmation of late award receipt date.
 - _____ Job duties changed; attach a copy of PEF (Personal Event Form) or "DHRS" Browse screen redistribution salary
 - _____ Other, on Sponsored Federal accounts, if the transfer is over 90 days a memo of justification must be attached, otherwise, explain below:

 - _____ Payroll default clearance: attach a copy of PEF (Personal Event Form) or "DHRS" Browse screen

**FRINGE BENEFITS WILL BE
CALCULATED AUTOMATICALLY
BY THE PAYROLL SYSTEM**

Note: Appropriate copies of Labor distribution reports must be attached.

Approvals:

- _____
Signatory for Acct. to be charged Date
- _____
Dept. Head or Dean (if required) Date
- _____
Budget/Sponsored Exp. Ctrl. Approval Date
- _____
Journal Prepared By Date

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| FOR FURTHER INFORMATION CONCERNING THIS REQUEST PLEASE CONTACT: |
| NAME |
| PHONE |

INSTRUCTIONS

RETROACTIVE TRANSFER OF SALARY CHARGES (FORM FA-10)

The FA-10 form is used to reallocate:

- a. Salary for Administrative and Hourly Paid Staff when 100% of base pay is charged to NON Sponsored accounts, otherwise, use FEI
- b. Non-base pay (overtime, overload, incentive pay, etc.)
- c. Effort for Faculty, Research Associates, Administrative and Hourly Paid Staff if paid on a Sponsored account and the FEI (monthly Funding & Effort Information form) is not available. Explanation is required.

Type or Print Clearly

INSTRUCTIONS

Please complete as indicated below:

- 1) Name, social security number and position number of employee whose salary is to be transferred
- 2) Name of Department submitting the request
- 3) Date request is being processed
- 4) University account number to be debited or charged
- 5) University account number to be credited
- 6) Name of Principal Investigator or authorized signatory
- 7) Account budget period start and end date (for Sponsored accounts only)
- 8) Payroll period: actual dates corresponding to the pay period to be transferred
- 9) Pay ID: payroll identification number, i.e., 1R04, 3R06, 2R04, etc.
- 10) Salary object code and amount of salary to be transferred
- 11) Fringe Benefits will be calculated automatically by the Payroll system and do not have to be entered in this form

Requirements:

- 1) Please check the appropriate explanation and attach documentation as required.
- 2) Attach appropriate Labor Distribution Report for each period being adjusted
- 3) A printout of the "DHRS" Browse Pay screen showing pay distribution and printout of "FRS" screen 23 showing the charge, may be used in lieu of the labor distribution report.
- 4) Transfers on Sponsored Federal accounts, if over 90 days from the date of the occurrence, must have a written letter of justification explaining the reason for delay in processing.
- 5) If request is "Other" and within 90 days (see item 4), please indicate a brief explanation of the request, on the line provided.
- 6) All signatures must be affixed and dated.
- 7) Send request with backup documentation to the appropriate Budget or Sponsored program approval office. As listed below:

Coral Gables and South Campus:

Sponsored Program - Financial Admin
Room 209 Max Orovitz Bldg.
Locator Code 1424

Medical Campus:

Expenditure Control/Budget
Office
Please check UM directory

RSMAS:

Business Office
S/A 110