

# Reversal of Previous Retroactive Salary Transfer

University of Washington

Payroll Office, Box 355655

Each transaction may have **ONE** pay period **\*OR\*** **ONE** budget

Date Prepared:

Payroll Unit Number:

Employee Name (Last, First):

Employee EID:

	Original JV Number	Original JV Date	Salary Budget Number	Fringe Benefit Budget Number	Account Number	Position Number	Job Class Number	Total \$
Original JV (From/Credit)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Note: This transaction is a complete reversal.** To make additional changes, use Financial Desktop or submit a new Online Salary Expense Transfer Form.

Reason for transfer:

How did this employee's work benefit the budget to be charged?

If this request is more than 120 days from the listed **Pay Period End Date**, please explain the reason for the delay:

<b>Quarterly: For Faculty (Total must match Total \$ above)</b>	
Aut: 20 ____	\$ _____
Win: 20 ____	\$ _____
Spr: 20 ____	\$ _____
Sum: 20 ____	\$ _____
Grand Total	\$ _____
<b>OR Semi-Annual</b>	
01/01/ ____ to 06/01/ ____	\$ _____
07/01/ ____ to 12/31/ ____	\$ _____

Prepared By:

Box:

E-mail Address:

Phone Number:

**NOTE:** Form must be signed by the Principal Investigator or individual to whom signature authority has been delegated for budget number to be charged (Per Grants Information Memorandum No. 15). This rule applies to all budgets to satisfy state and/or federal audit requirements.

**Certification:** I CERTIFY THAT ALL ACTIVITY REPORTING (Payroll Expense Distribution Report, Grant and Contract Certification Report, and Faculty Effort Certification Report) HAS BEEN CHANGED TO REFLECT THE ABOVE CHANGES.

**Send original to Payroll.** Make copies to keep in departmental files and to send to other departments. ATTACH ONE COPY TO CORRECTED FACULTY EFFORT CERTIFICATION REPORTS.

Authorized Signature \_\_\_\_\_

Date