

PAYROLL RETRO FUNDING CHANGE
TO BE COMPLETED BY THE DEPARTMENT

USC ID:	NAME (Last, First):
JUSTIFICATION/NOTES (Cost Transfer Justification Form must be completed and attached if a USCSP project is part of the transaction):	

PAYCHECK DATE:
CURRENT DISTRIBUTION

OPER UNIT	DEPT	FUND	ACCOUNT	CLASS	BUSINESS UNIT	PROJECT #	COST SHARE	COMBO CODE	AMOUNT
TOTAL RETRO FUNDING CHANGE									

NEW DISTRIBUTION

OPER UNIT	DEPT	FUND	ACCOUNT	CLASS	BUSINESS UNIT	PROJECT #	COST SHARE	COMBO CODE	AMOUNT
TOTAL RETRO FUNDING CHANGE									

PAYCHECK DATE:
CURRENT DISTRIBUTION

OPER UNIT	DEPT	FUND	ACCOUNT	CLASS	BUSINESS UNIT	PROJECT #	COST SHARE	COMBO CODE	AMOUNT
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NEW DISTRIBUTION

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TOTAL RETRO FUNDING CHANGE									

NEW DISTRIBUTION

OPER UNIT	DEPT	FUND	ACCOUNT	CLASS	BUSINESS UNIT	PROJECT #	COST SHARE	COMBO CODE	AMOUNT
TOTAL RETRO FUNDING CHANGE									

SIGNATURES

Initiated by: _____	Date: _____	Approved by: _____	Date: _____
Printed Name: _____		Printed Name: _____	

CONTROLLER'S OFFICE USE ONLY

Grants & Funds Management : _____	Date: _____
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Payroll Retro Funding Change Form- Instructions

Purpose:

The Retro form is to be utilized when payroll that has already posted through the system needs to be adjusted. All requests must include back-up that shows where the salary expense was originally charged. The Cost Transfer Justification Form must be included for all requests including the USCSP business unit. If you are moving payroll for more than one check date, they must be broken out separately. If you are moving more than three pay checks, please attach a second form.

Step by Step Guidance:

1. **ID:** Enter the employee's USC ID, this is the 9-digit ID.
2. **Name:** Enter the employee's name.
3. **Justification/Notes:** Enter any information needed to explain the purpose of the JE. The Cost Transfer Justification Form must be included for all requests including the USCSP business unit.
4. **Check Date:** This date is very important. **Pay dates are the 15th and the last day of each month.** Use **the paycheck issue date**, not the pay period end date or if applicable the original RPAY date.
5. **Current Distribution:** List the chart string and combo code where the salary and fringe expense were originally charged. Please list the total **Salary Amount** that needs to be moved. The applicable fringe amount associated with the salary reported will automatically be transferred as part of the journal entry. Please **do not** include the fringe benefit costs in the Amount column.
6. **New Distribution:** List the chart string and combo code where the expense needs to be moved. The amounts need to equal the amounts that are listed in the Current Distribution section.
7. **Signatures:** Both signatures are required.
 - Initiator** – must sign and print their name on the form. By signing, they are attesting that they have reviewed the Cost Transfer Policy and that the transfer is allowable under the policy.
 - Authorized By** – must sign and print their name on the form. By signing, they are attesting that they have the financial authority to approve transactions related to the accounts above, and that they are aware that there is an inherent audit risk associated with cost transfers. The department accepts all audit risk associated with cost transfers.
8. Once complete, send the form to the **RetroJE@mailbox.sc.edu** for processing.

***NOTE: All retro requests involving the USCSP Business Unit must include the Cost Transfer Justification Form. The retro will be returned if the additional page is not filled out. ***