

LABOR DISTRIBUTION DISCREPANCY - REQUEST FOR RESEARCH

General Information			
Employee Group:	☐Faculty ☐Staff	Student	Temporary/Supplemental payment
	-		
Is this employee funded by a grant?	□Yes	□No	
Please mark the	Hours worked /timesheet	☐Paperwork ☐	Benefit expense Other
type of		(PAR,	Delicit expense Other
discrepancy:		appointment	
		form)	
		- ,	
Employee Information			
Please provide the fol	llowing employee information:		
·	g cp.cycccac		Employee Pere ID
Employee Name:			Employee Pers ID
Employee assignment number (if more than one assignment)			
Org Unit Name			
Position # for the assignment listed above			
Cost Distribution / Ove	rride (as it should be)		
Funding / Cost	Grant	Internal Order	Percent
Center	Grant	micmai oraci	reform
Funding / Cost	Grant	Internal Order	Percent
Center Funding / Cost			
Center	Grant	Internal Order	Percent
Employee assignment number (if more than one assignment)			
Org Unit Name			
•	anment listed above		
Position # for the assignment listed above			
Cost Distribution / Ove	rride (as it should be)		
Funding / Cost Center	Grant	Internal Order	Percent
Funding / Cost			
Center	Grant	Internal Order	Percent
Funding / Cost	Grant	Internal Order	Percent
Center	Giant	internal Order	reicent
FY Pay period or month(s) in question			
Please describe the discrepancy (provide copies of documentation, if desired):			
i lease describe the c	inscrepancy (provide copies or	documentation, if des	sirea).
Completed by:			
Phone Number		Email Address	
Date Request Completed:			