

## 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 type of discrepancy:**    Hours worked /timesheet    Paperwork (PAR, appointment form)    Benefit expense    Other

### Employee Information

Please provide the following employee information:

Employee Name: \_\_\_\_\_ Employee Pers ID \_\_\_\_\_

Employee assignment number (if more than one assignment)

Org Unit Name

Position # for the assignment listed above

Cost Distribution / Override (as it should be)

Funding / Cost Center	Grant	Internal Order	Percent
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Funding / Cost Center	Grant	Internal Order	Percent
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Employee assignment number (if more than one assignment)

Org Unit Name

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Cost Distribution / Override (as it should be)

Funding / Cost Center	Grant	Internal Order	Percent
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Funding / Cost Center	Grant	Internal Order	Percent
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Funding / Cost Center	Grant	Internal Order	Percent
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FY \_\_\_\_\_ Pay period or month(s) in question \_\_\_\_\_

**Please describe the discrepancy (provide copies of documentation, if desired):**

**Completed by:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Date Request Completed:** \_\_\_\_\_