

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)

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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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| Funding / Cost Center | Grant | Internal Order | Percent |
|-----------------------|-------|----------------|---------|

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| | | | |
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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: