

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)

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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: _____