

LABOR DISTRIBUTION DISCREPANCY - REQUEST FOR RESEARCH

General Information			
Employee Group:	FacultyStaff	☐Student ☐ Temp	orary/Supplemental payment
Is this employee funded by a grant?	□Yes	□No	
	Hours worked /timesheet	Donorwork Donof	it evnence Other
Please mark the type of	Hours worked /timesheet	☐Paperwork ☐Benef (PAR,	it expense Other
discrepancy:		appointment	
		form)	
	_		
Employee Information Please provide the following employee information:			
•	nowing employee information.	Employee Pare ID	
Employee Name:		Employee Pers ID	
Employee assignment	number (if more than one assign	ment)	
Org Unit Name			
Position # for the assignment	gnment listed above		
Cost Distribution / Ove	rride (as it should be)		
Funding / Cost Center	Grant	Internal Order	Percent
Funding / Cost	Crant	Internal Orden	Davisant
Center	Grant	Internal Order	Percent
Funding / Cost Center	Grant	Internal Order	Percent
Conto			
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 Center	Grant	Internal Order	Percent
Funding / Cost	Grant	Internal Order	Percent
Center Funding / Cost	Sidill	internal order	refeem
Center	Grant	Internal Order	Percent
FY	Pay period or month(s) in ques	tion	
Please describe the discrepancy (provide copies of documentation, if desired):			
Completed by:			
Phone Number Email Address			

Date Request Completed: