



University of Massachusetts

### Retro Funding Adjustment Form

Contact:	_____
Phone:	_____
E-mail:	_____

Employee Name: \_\_\_\_\_  
(Last) (First) (MI)

Employee ID: \_\_\_\_\_ Empl Rec #: \_\_\_\_\_

Funds to be Changed in Department ID: \_\_\_\_\_

Begin Date: 

	/		/	
mm		dd		yy

      End Date: 

	/		/	
mm		dd		yy

All Earnings                       Base Salary Only                       Overtime

HR Account Code	Account Name	Allocation (%)*
		%
		%
		%
		%
		%

\*Sum must equal 100%

Total 100%

Signature of Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

<b>HRMS – Office Use Only</b>		
Run Control: _____	Process DT: _____	Pay Period End: _____