NDSU | BUDGET OFFICE
DIVISION OF FINANCE AND ADMINISTRATION

Retroactive Distribution Form

Questions about this form?
Call: Budget Office 231-8204 or Ag Budget Office 231-8108

Employee Information

Employee ID: _____ Empl Rcd: _____

Budget Office Use Only

Reference ID: _____

Name: (Last, First, Middle) _____

Pay Period Begin Date: _____ Pay Period End Date: _____ **Only one (1) pay period allowed per form.**

Position Information

Dept ID: _____ Dept Name: _____ Position Number(s): _____ Job Code: _____

Transaction Information

Type of Transaction:(choose one): _____

The Funding Information section should reflect ALL pay from the funding source(s) that are being changed for an employee. If employee is paid from additional funding sources that are not changing, please note in the explanation field below. Please fill out the Salary, Deduction and Tax amounts using information from an Actuals report. Please attach a recent copy of the Actuals report showing the original funding that is to be changed when submitting this form.

FROM: funding listed on the Actuals Report

Fund	Dept	Project	Program	Account	Salary Amount	Deduction Amount	Tax Amount	Total
				Total				

TO: how funding should be distributed **Please see Retro Calculator Tool for Assistance with amounts.**

Fund	Dept	Project	Program	Account	Salary Amount	Deduction Amount	Tax Amount	Total
				Total				
				Difference				

Explanation of Change: (Required for All)

Department or Unit Head _____ Date _____

Vice President _____ Date _____

Dean/Director _____ Date _____

Budget Office _____ Date _____

Grants & Contracts (if applicable) _____ Date _____

Completed by: _____ Phone: _____

Email: _____

Please print on BLUE paper.
Route this form to:

Budget Office Old Main 205 Phone (701) 231-8204 Fax (701)231-6194	Ag Budget Office Morrill 301 Phone (701) 231-8108 Fax (701)231-7510