

Account Correction Form

Southern Illinois University Carbondale

For Processing Unit Only

Processed By:

Processed Date:

Reference #:

Reason for Correction

Moving December 2025 salary and fringe, for Jane Smith, AIS 1234 due to late submission of assignment costing. Moving salary amount of \$531.96 and fringe amount of \$250.02 (rate 47%) from 226123 to overhead account 202123.

REQUIRED - Please attach a legible copy of the following with the original transaction highlighted, underlined or circled. Forms received without the proper signatures and attachments will not be processed:

For Accounts Payable, P-Card, Bursar Deposit and Service Department Billing Corrections - attach the Funds Available Report of Transactions. For forms not involving grant accounts, scan and e-mail this form with attachment(s) to acctserv@siu.edu. See below for forms involving grant accounts.

For Payroll Corrections - attach the Fiscal Officer Certification Report. For forms not involving grant accounts, scan and e-mail this form with attachment(s) to hrpayroll@siu.edu. See below for forms involving grant accounts.

NOTE for Payroll Corrections: If this transaction involves a change in costing/costing distribution, a costing form is required.

Change the original transaction to the following:

(does not need to be the entire amount, only the portion that needs adjusted)

2 0 2 1 2 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	4 1 0 1	2 6	\$531.96
Budget Purpose	Dept Act 1 (if applicable)	Dept Act 2 (if applicable)	Obj Code	FY	Amount
2 0 2 1 2 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	5 6 5 3	2 6	\$250.02
Budget Purpose	Dept Act 1 (if applicable)	Dept Act 2 (if applicable)	Obj Code	FY	Amount
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Budget Purpose	Dept Act 1 (if applicable)	Dept Act 2 (if applicable)	Obj Code	FY	Amount

Name of Office Manager

453-5555

officemanager@siu.edu

Correction Requested By

Phone Number

E-mail

Fiscal Officer Signature(s) of account(s) being charged:

Fiscal Officer
Fiscal Officer Date Fiscal Officer Date

Fiscal Officer Date

If Grant Accounts are involved, approval must be obtained from the appropriate Grant Assignee. Complete and e-mail this form with attachment(s) to the appropriate [Grant Assignee](#). If approved, OSPA will route to the appropriate area for further processing.

Grant Assignee

Date

eda0100
06/23



Payroll Name SIUC/SIUSOM Monthly
 Period Start Date 01-DEC-2025
 Period End Date 31-DEC-2025

Pay Period Name: 1 2026 Calendar Month
 Check Date: 02-JAN-2026

Fiscal Officer

Fiscal Year 26
 Budget Purpose No [REDACTED]

Employee Name	Emp Id#	Ex NonEx	Sal/ Rate	Pay Type	Reg/OT Hrs	Reg/OT Gross	Reg/OT Retro	Supp Gross /UAC	Tot Sal	Hlth/ Retr	Life/ Med	Dntl/ SS	Total Expense
Activity Combination													
				00000/00000									
		E	2447.00REG			531.96			531.96				531.96
		E	3248.00REG			1624.00			1624.00				1624.00
		E	2447.00REG			531.96			531.96				531.96
Activity Total by Pay Type													
				REG		0.00	2687.92	0.00	2687.92	0.00	0.00	0.00	2687.92
						0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Activity Total													
			00000/00000			0.00	2687.92	0.00	2687.92	0.00	0.00	0.00	2687.92
						0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DHHS Total Fringe Benefits for Grants/Restricted/OH Recovery accounts													
				Total Fringe		500.04							Total Salary for BP
Budget Purpose Total													
	226621					0.00	2687.92	0.00	2687.92	0.00	0.00	0.00	2687.92
						0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Non exempt employees must be compensated for overtime worked in accordance with Federal Law, University Policy, and applicable union contract provisions.

I certify the above listed employees are due the amount of pay indicated, or that the Medicare/Social Security amounts are correct, and that it is a proper charge to this account including prorate accrual applicable.

Fiscal Officer/Delegate _____ Date _____

If fiscal officer or delegate appears on this report, or any supervisor of the fiscal officer or delegate, please forward to the next level of administrative approval for signature.

Administrative Approval _____ Date _____

This document, once signed, must be retained for three years.