

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

Budget Purpose

Dept Act 1
(if applicable)

Dept Act 2
(if applicable)

4 1 0 1

Obj Code

2 6

FY

\$531.96

Amount

2 0 2 1 2 3

Budget Purpose

Dept Act 1
(if applicable)

Dept Act 2
(if applicable)

5 6 5 3

Obj Code

2 6

FY

\$250.02

Amount

Budget Purpose

Dept Act 1
(if applicable)

Dept Act 2
(if applicable)

Obj Code

FY

Amount

Name of Office Manager

Correction Requested By

453-5555

Phone Number

officemanager@siu.edu

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



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												
[REDACTED]	[REDACTED]	E	2447.00	REG		531.96			0.00	531.96	Total Salary per employee			531.96
[REDACTED]	[REDACTED]	E	3248.00	REG		1624.00			0.00	1624.00				1624.00
[REDACTED]	[REDACTED]	E	2447.00	REG		531.96			0.00	531.96				531.96
									0.00					
Activity Total by Pay Type				REG	0.00	2687.92	0.00		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	
Activity Total					0.00	2687.92	0.00		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	
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		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	

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.