

# Salary Accounting Form

SAF # -

## Employee Information

UNI	Employee Name	Pay Frequency
Employee ID		

## Action

Account Distrib.       Additional Compensation  
 Supersede SAF # \_\_\_\_\_  Other \_\_\_\_\_  
 Account Distrib.       Additional Compensation

Department Name	Department Number
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**Attachments:**

Nomination     PAF     Fellowship     Override     Supersede

## Account Distribution Change

Acct. # Change	Earn Code	Start Date	End Date	Salary Account Number	Salary Amount	Salary Distribution %	Fringe Account Number	Fringe Rate	Grant Number/ Account Description	RF Override
<input type="checkbox"/> 1		/ /	/ /	- -	\$	%	- -1800	%		
<input type="checkbox"/> 2		/ /	/ /	- -	\$	%	- -1800	%		
<input type="checkbox"/> 3		/ /	/ /	- -	\$	%	- -1800	%		
<input type="checkbox"/> 4		/ /	/ /	- -	\$	%	- -1800	%		
<input type="checkbox"/> 5		/ /	/ /	- -	\$	%	- -1800	%		
<input type="checkbox"/> 6		/ /	/ /	- -	\$	%	- -1800	%		

Account Change Explanation:

## Additional Compensation

Retro	Employee ID Number	Empl Rec Nbr	Earn Code	Pay Period		Period Worked		Salary Amount Total	Benefits Eligible	Flat Tax	Describe services for which employee is receiving additional compensation:	HRPC
				Pay Start Date	Pay End Date	Pay Start Date	Pay End Date					
<input type="checkbox"/>	1			/ /	/ /	/ /	/ /	\$				
<input type="checkbox"/>	2			/ /	/ /	/ /	/ /	\$				
<input type="checkbox"/>	3			/ /	/ /	/ /	/ /	\$				
<input type="checkbox"/>	4			/ /	/ /	/ /	/ /	\$				
<input type="checkbox"/>	5			/ /	/ /	/ /	/ /	\$				

## Authorization/Approvals

Print Name	Signature	Print Name	Signature
Title	Dept #	Title	Dept #
Phone #	Date	Phone #	Date
Print Name	Signature	Print Name	Signature
Title	Dept #	Title	Dept #
Phone #	Date	Phone #	Date

## Central Office Use

Code	L1	L2	Initial
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