Quick Reference
Faculty/Staff Funding Change Form

Directions

Complete all shaded fields. If a shaded field is not applicable or you are instructed to skip it, then leave blank.

Data cannot be entered in white text fields. (⊘= cells that calculate automatically)

1 If begin and end date fall in different fiscal years, choose number equal to fiscal years covered. Ex) 8/25/19 (FY20) to 8/24/20 (FY21) ="2"

2 Enter FY for the begin date of funding change. Ex) Start date=8/25/19, enter 2020

3 Select effective date of change. If date is not found in the list, and you are entering:
a) *future* pay, see Box 14 for instructions.
b) *reallocation* pay, select first day of pay period that custom date falls in and complete "Mid-Pay Period Reallocation Worksheet" to determine % effort. Attach completed mid-pay worksheet to FCF. If reallocating multiple pay periods, complete one FCF for period with custom date and one FCF for all remaining periods.

4 Enter position # that is being paid. Only one position # per FCF. Ex) 9 mo. faculty will require a unique FCF for both academic and summer research positions.

5 If 9 or 12 mo, enter annual salary. If summer, enter entire salary for the pay period(s).

6 Check only one box. If 2 or 3 is selected, give reason in box to the right.

7 Activity code is only used for cost sharing. If no activity code, leave field blank. If any salary cap, attach completed Salary Cap Calculator to FCF.

8 Choose end date of change. If date is not found in the list, and you are entering:
a) *future* pay, see Box 14 for instructions.
b) *reallocation* pay, see Box 3 for instructions.

9 The Home Dept. Org entered above will automatically populate here. To change the org, type over the existing text (funds 2xxxxx are not allowed).

10 If the total percent does not equal 100, an error message will appear. Correct the entered percentages until the total is 100.

11 Check only one box. If questions need to be completed, provide answers that clearly explain what happened and why the reallocation is needed.

12 Enter your name and date.

13 Obtain approvals via email or hard copy signature. Send FCF with approvals to either: osppost@gmu.edu if any funds (2xxxx) or activity codes **OR** gfrola@gmu.edu if *only* orgs (1xxxx)

14 Only enter begin and end dates in this section for custom future pay dates. Please note: future pay should only be used if funds/orgs cross units. Once entered, choose start and end date from drop-down fields above. Newly entered dates will appear above the word "Select."

Number of years in the dates drop down boxes (1,2 or 3): 1 (1) | Fiscal Year 2020 (2)

George Mason University Faculty/Staff Department Funding Change Form (Temporary)

Directions - This worksheet is for changes to current jobs only. ALL SHADED FIELDS ARE MANDATORY

G#	Name (Last, First, Middle)

Job Information

Effective Date of Funding Change (3)	Department	Campus/Location
SELECT	SELECT	SELECT
Position Number (4)	**Job Title**	**Home Department Org**
⊘ #N/A		
Classification	**Annual Salary or Summer Salary for Period(s) listed (5)**	**Pay per pay period**
SELECT		⊘ N/A

Funding Change Reason (6)
- ☐ 1. Future Pay
- ☐ 2. Reallocation - complete box to the right
- ☐ 3. Realloc. & Future Pay-complete box to the right

If Reallocation box 2 or 3 is checked, this box must be completed

New Compensation/Labor Distribution

Provide an Activity Code for labor that represents committed cost sharing on a sponsored project

Type	Fund/Org	Activity (7)	%		Funding End Date (8)	# of pay periods
E&G/Ind ⊘		⊘	0.00%	⊘ $0.00	SELECT	⊘ 1.00
Type	Fund/Org	Activity	%		Funding End Date	
E&G/Ind ⊘		⊘	0.00%	⊘ $0.00	⊘ SELECT	
Type	Fund/Org	Activity	%		Funding End Date	pay periods
E&G/Ind ⊘		⊘	0.00%	⊘ $0.00	⊘ SELECT	⊘ #N/A
Type	Fund/Org	Activity	%		Funding End Date	
E&G/Ind ⊘		⊘	0.00%	⊘ $0.00	⊘ SELECT	
Type	Fund/Org	Activity	%		Funding End Date	Where should the 100% of the labor be charged at the end of this funding form ?
E&G/Ind ⊘		⊘	0.00%	⊘ $0.00	⊘ SELECT	
Type	Fund/Org	Activity	%		Funding End Date	
E&G/Ind ⊘		⊘	0.00%	⊘ $0.00	⊘ SELECT	⊘ (9)
			E&G/Ind	Fund		
TOTAL			⊘ 0.00%	⊘ 0.00%	⊘ 0.00%	<==== Total must be equal to 100% (10)

Check One (11)
- ☐ Funding is for future pay only - Go to Approvals (Skip Questions 1 & 2)
- ☐ All Funding is on orgs (1xxxxx) or non-federal projects (22xxxx) - Go to Approvals (Skip Questions 1 & 2)
- ☐ Funding change is to reallocate salary paid < 120 days from effective date of funding on a federal project (20xxxx) – Answer Q1 & Q2
- ☐ Funding change is to reallocate salary paid 120 days or more from effective date of funding on a federal project (20xxxx) – Answer Q1 & Q2 and answer both questions on a Cost Transfer Form

1) Why was the salary charged originally to the sponsored project or non-sponsored org from which it is being transferred?

2) Why does the salary belong to the sponsored project to which it is being transferred?

Approvals	Date	To be used by OSP ONLY. Reviewer:_____					
Submitter/Initiator (Print Name, Signature) (12)		Grants	Amounts	$	B	P	+-NC
Principal Investigator							
Dean/Director							
Dept Head							
Sponsored Programs (if applicable)							
Budget Office (if applicable)							
Provost (if applicable) (13)							

Contact: Jessica Holtzman (jholtzma@gmu.edu, Office of Budget & Planning, Ext.3-8939)

For custom dates please enter dates below to be added to drop downs (only for **future pay**) (14)

<== You must fill in none or both cells.

If the employee's first or last day of work at GMU was not on a standard begin or end date, please contact your grant account administrator before completing this form. Custom dates may be necessary.

If you need any assistance completing the Faculty/Staff FCF, contact Gail Frola (gfrola@gmu.edu, Office of Budget & Planning, Ext. 3-8824)