Quick Reference
Wage 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.
- If begin and end date fall in different fiscal years, choose number equal to fiscal years covered.
- Enter position # that was charged. Only one position # per FCF.
- Provide funding change reason. This box must be completed.
- Activity code is only used for cost sharing. If no activity code, leave field blank.
- Choose end date of change. If date is not found in the list, select last day of pay period that custom date falls in.
- If the total percent does not equal 100, an error message will appear. Correct the entered percentages until the total is 100.
- Check one box and follow directions. If questions need to be completed, provide answers that clearly explain what happened and why the reallocation is needed.

**George Mason University Department Wage Reallocation Form (Temporary)**

**Job Information**
- Effective Date of Funding Change
- Department
- Campus/Location
- Position Number
- Supervisor Name
- Supervisor Position Number
- Home Department Org
- Timesheet Approver Name (if not Supervisor)
- Timesheet Approver Position Number
- Job Title
- Classification
- Rate
- Hours
- Total Salary

**Funding Change Reason**

**New Compensation/Labor Distribution**
Provide an Activity Code for labor that represents committed cost sharing on a sponsored project.

<table>
<thead>
<tr>
<th>Type</th>
<th>Fund/Orig Activity</th>
<th>%</th>
<th>Funding End Date</th>
<th># of pay periods in this form</th>
</tr>
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<tbody>
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**Approvals**

<table>
<thead>
<tr>
<th>Submitter/Initiator (Print Name, Signature)</th>
<th>Date</th>
<th>To be used by OSP ONLY. Reviewer:</th>
<th>Date</th>
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If you need any assistance completing the Wage FCF, contact Gail Frola (gfrola@gmu.edu, Office of Budget & Planning, Ext. 3-8824)