

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.

Note: Data cannot be entered in text fields that are white.
(☺ = 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, select first day of pay period that custom date falls in.

4 Enter position # that was charged. Only one position # per FCF.

5 Enter the total number of hours worked in all pay periods included on this form.

6 Provide funding change reason. This box must be completed.

7 Activity code is only used for cost sharing. If no activity code, leave field blank.

8 Choose end date of change. If date is not found in the list, select last day of pay period that custom date falls in.

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

10 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.

11 Enter your name and date.

12 Obtain all applicable approvals via email or hard copy signature. Send FCF with approvals to applicable office:
If distributing labor on any funds (2xxxx) or activity codes, email ospoost@gmu.edu.
If distributing labor *only* on orgs (1xxxx), email gfrolo@gmu.edu.

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

George Mason University Department Wage Reallocation 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			
Position Number <i>Enter position number that was charged</i> 4	Supervisor Name	Supervisor Position Number			
Home Department Org	Timesheet Approver Name (if not Supervisor)	Timesheet Approver Position Number			
Job Title	Classification	Rate	Hour	Total Salary	
	SELECT	\$0.00	5	☺\$0.00	
Funding Change Reason					
6					
New Compensation/Labor Distribution <i>Provide an Activity Code for labor that represents committed cost sharing on a sponsored project</i>					
Type	Fund/Org	Activity	%	☺\$0.00	Funding End Date 8
E&G/Ind			0.00%	☺\$0.00	SELECT
Type	Fund/Org	Activity	%	☺\$0.00	Funding End Date
E&G/Ind			0.00%	☺\$0.00	SELECT
Type	Fund/Org	Activity	%	☺\$0.00	Funding End Date
E&G/Ind			0.00%	☺\$0.00	SELECT
Type	Fund/Org	Activity	%	☺\$0.00	Funding End Date
E&G/Ind			0.00%	☺\$0.00	SELECT
Type	Fund/Org	Activity	%	☺\$0.00	Funding End Date
E&G/Ind			0.00%	☺\$0.00	SELECT
				E&G/Ind	Fund
				☺0.00%	☺0.00%
TOTAL				☺0.00%	☺0.00%
				<==== Total must be equal to 100% 9	
Check One					
<input type="checkbox"/> All Funding is on orgs (1xxxx) or non-federal projects (22xxxx) - Go to Approvals (Skip Questions 1 & 2)					
<input type="checkbox"/> Funding change is to reallocate salary paid < 120 days from effective date of funding on a federal project (20xxxx) - Answer Q1 & Q2					
<input type="checkbox"/> 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					
Submitter/Initiator (Print Name, Signature) 11			Date	To be used by OSP ONLY. Reviewer: _____ Date: _____	
Principal Investigator				Grants	Amounts
Dean/Director				\$	B
Dept Head				P	+NC
Sponsored Programs (if applicable)					
Budget Office (if applicable)					
Provost (if applicable) 12					