Exceptional Manual UCPath Salary Cost Transfer Request



Departments should utilize the on-line “SCT Request Tool” (available via R’SPACE) for all salary cost transfers and adhere to the related business rules. The reasons described below are the only valid reasons for submitting this form. In these rare exception situations, this form should be completed, certified and submitted to ucrfsfeedback@ucr.edu using the subject line “Manual SCT Request”. The Accounting Office will review and if approved, process a manual journal correction.

1. Technical issues that prevent an otherwise valid Payroll transaction from appearing in the SCT Tool.
2. SCT request that affects an existing Work Study split.
3. Other unusual situations that are documented as a system error that cannot be corrected through existing UCPath tools and processes.

*Note: The form should not be submitted to bypass salary cost transfer related business rules (e.g., contract/grant expenditures greater than 120 days or 60 days past an award’s expiration date. Departments are responsible for securing pre-awards through RED to prevent these situations from occurring; if a pre-award is not obtained, costs should be transferred to an unrestricted COA. Requests bypassing business rules will be returned.*

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| **Manual Form Criteria Determination** | |
| Date Requested | Click or tap to enter a date. |
| Requestor’s Name | Click or tap here to enter text. |
| Requestor’s Email | Click or tap here to enter text. |
| Reason For Manual Form | Choose an item. |
| Please provide a brief explanation of the reason the manual request is necessary. | Click or tap here to enter text. |
| Benefits only transfer? |  |
| **Salary Cost Transfer Summary by Employee, Position, and Pay Period. (Note: if approved, the salary and related benefits/assessments will be transferred)** | |
| Employee ID\* | Click or tap here to enter text. |
| Name of Employee Associated with the SCT | Click or tap here to enter text. |
| Position Number\* | Click or tap here to enter text. |
| Position Pool ID (If Applicable\*) | Click or tap here to enter text. |
| Originally Processed on Pay Period End Date\* | Click or tap to enter a date. |
| Last SCT Processed on Pay Period End Date | Click or tap to enter a date. |
| Earnings End Date\* | Click or tap here to enter text. |
| Original Salary Expense Amount for transfer\* | Click or tap here to enter text. |
| Original Salary Expense CoA “Transfer From”\*  (Entity-Fund-Activity-Account-Function-Program-Project-Flex1-Flex2) | Click or tap here to enter text. |
| Requested Salary Transfer to Amount\*  (Cannot exceed the original salary expense) | Click or tap here to enter text. |
| Requested Benefits Transfer to Amount\* | Click or tap here to enter text. |
| Requested “Transfer To” CoA\*  (Entity-Fund-Activity-Account-Function-Program-Project- Flex1-Flex2) | Click or tap here to enter text. |
| Please provide a brief explanation of how the error occurred | Click or tap here to enter text. |
| If request is high risk, please provide reason for the delay. | Click or tap here to enter text. |
| **Approvals:** 1) If the SCT involves a C&G project, obtain the PI’s approval to confirm the employee worked on the project receiving the charge for the pay period indicated above and the proposed transfer of salary costs are reasonable based on the work performed; 2) Financial &  Administrative Officer’s approval confirms the information provided above is correct, conforms to UC Policy, and adheres to the terms and conditions of the awards; 3) If the SCT is transferring salaries over 60 days from the Project End Date, CFAO approval must be obtained 4) And, If the SCT is transferring salaries over 120 days from the Original Pay Period End Date, CFAO approval must be obtained. | |
| Responsible FAO Signature and Date | Responsible Principal Investigator Signature and Date (If Applicable) |
| Responsible CFAO Signature and Date (If Applicable) |  |

*\*Note: Payroll distribution report template based supporting documentation must be submitted with each request.*