

Questionnaire for Request for Salary Cost Transfers

Instructions: Complete all required fields and attach this form, along with any necessary supporting documents, to your submitted Summer Salary request.

Justification for Salary Cost Transfer (SCT)

Reason for SCT

Explain why this SCT is required. Additionally, if this SCT was not processed within 120 days of the original transaction date, explain the late submission and how you will prevent errors of this nature in the future. (Attach additional pages if necessary.)

Funding Verification

Supporting Documentation

Attach substantiating proof that funds were active and available for the requested pay cycle/salary period (SmartView pull with budget and actuals column showing available funds and grant documentation with allowable budget, if appropriate). ***If a project is end dated (i.e. the project period of performance has lapsed), SCT will be declined if final draw/invoice/report has been submitted to sponsor and no SCT accrual was posted prior to completion of the documentation.***

☐ Documentation attached

Effort Reporting Compliance

(Required if Pay Cycle/Salary Payment has already been certified for a prior reporting period)

Faculty Statement on Discrepancy

If the Pay Cycle/Salary Payment was previously certified, explain the discrepancy and how it will be corrected in the amended Effort Report.

Certifications

Research Administrator Certification

(RA Signature required for requests involving GNT, CNT, NBA)

By signing below, I confirm that I have reviewed this request and verified that the funding source can cover Salary Cost Transfer/Salary Payment in compliance with sponsor reporting requirements.

RA Name: _____

RA Signature: _____ **Date:** _____

School Finance Office Certification

(School Financial Office representative signature required for all other projects, including start-up fund requests)

By signing below, I confirm that I have reviewed this request and verified that the funding source can cover the Salary Cost Transfer/Salary Payment and compliance with any funding limitations.

School Finance Office Representative Name: _____

Signature: _____ **Date:** _____

Final Review and Determination

Controller's Unit Response:

☐

Approved

☐

Declined

Rationale:

Controller Representative Name: _____

Signature: _____ **Date:** _____