

**FY13 and forward  
wage transfers**

**eUMB Direct Retro Request Form  
University of Maryland Baltimore**

\_\_\_\_\_ of \_\_\_\_\_

**FY13 &  
forward**

This form is to be used to transfer wages PAID in **FY13 and forward**. For wages PAID FY12 and earlier, please use form CAF-03, titled FY12 and prior wage transfers.

Dept Name: _____	<b>Costing &amp; Compliance USE ONLY</b>
Prepared by: _____	
Email/Extension: _____	
EmplID/Empl Rcd: _____	Creation Date: _____
Employee Name (Last, First): _____	Processed by: _____

From Pay Period (FY-PP): \_\_\_\_\_ To Pay Period (FY-PP): \_\_\_\_\_ Fiscal Year (only 1 year) \_\_\_\_\_

Credit Chartstring and HRMS Account Code (From):  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 PCBU Project Fund Department Program HRMS Account Code

Debit Chartstring and HRMS Account Code (To):  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 PCBU Project Fund Department Program HRMS Account Code

	Credit Account	Transfer Type (Choose one)		Debit Account
		Amount	Percent/PP	
Salary	1011			1011
Overtime	2110			2110
Shift Differential	2120			2120
Total wages		-		

The fringe amounts calculated below are for informational purposes. HRMS will automatically calculate fringes during the biweekly payroll post. Consequently, there may be some minor differences due to rounding.

Fringe rate * salary	25.00%	2790	-	2790
OT & shift diff fringe	8.4%	2793	-	2793
Total fringes			-	
Total Wages & Fringes			-	

**SPAC website on Fringe Benefits:** <http://www.cost.umaryland.edu/fringebenefitrates.cfm>

Explanation: \_\_\_\_\_  
 Insert explanation here (please see instructions)

Debit Chartstring Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/Department: \_\_\_\_\_

If cost transfer is being processed after 90 days from original transaction:  
 Late Reason: \_\_\_\_\_  
 Insert late reason here (please see instructions)

PI Certification (required for transfers over 90 days late): I certify that the above correction is a fair and reasonable allocation of the individual's salary given the work performed on the project(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Costing & Compliance Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**\*An eUMB "Payroll Charges Detail Report by Accounting Period" for the full fiscal year must be attached\***