



**Payroll Adjustment - DIRECT RETRO Request Form - GRANTS Approval Required**

Date: 7/31/2023

Employee Name	Stephanie Leonard
Employee ID #	112942

(This form is for **Grants** only. For non-grant use FIN 046).

Attach back-up documentation. Move specific amounts from the **OLD** Project/Speed # to the **NEW**. Make sure the National Jewish Health Policy has been reviewed and understood. Any changes to effort will be reflected on the T & E's (Time and Effort) for the time period.

This is a **Retro Labor Distribution Change** for the periods of:

5/1/2023	to	5/15/2023
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**OLD** (enter a separate line for each pay period)

Earnings End Date	Project/Speed #	Acct Line	Amount
5/6/2023	2020200624	710010	-54

**NEW** (enter a separate line for each pay period)

Project/Speed #	Acct Line	Amount
2020500801	710010	54

**Explanation for Adjustment:** Incorrect speedtype selected by coordinator when reporting her time.

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Completed By

Department Approver Signature

Grant Department Approver Signature