



College of Engineering Retro 90 Information Sheet
90 Day Retro Action Workflow

Instructions: Departments/Units should complete this 90 Day Retro Information Sheet and attach all supporting documentation including all salary distribution change forms (SDC) and submit documents in ONE PDF file to Patrick Hayes, Director of Research Administration, in the College of Engineering Research Office (phayes@ncsu.edu). All SDC forms must be accurately completed based on the employee's current distribution setup. Make sure to include multiple SDC forms if there are multiple effective dates that occur in distribution setup.

Preparer's Name: Shannon Williams
Dept. OUC: 140101
Phone: 515-8521

Required Information

List of Payroll IDs impacted: 20221R01 through 20221R11

Employee Name: Minnie Wonderland

Employee ID: 000123456

Redistribution Number(s): for monthly actions, redistributions will be provided by the COE HR office once entered

Ledger-5 Project(s) impacted: 511112

\*Will this redistribution be listed as a reconciling item on a Closeout? Yes

NOTE: Remember to make any required adjustments to the effort reports if justification is approved.

JUSTIFICATION

Explain the reason for the change and provide a detailed reason for the delay in processing this change (The justification will automatically be denied if it appears that the purpose of the redistribution is to spend out the budget balance remaining at the end of the project). The justification should be technical in nature and should address two questions 1) Why is this action taking place? and 2) What is being done so it does not happen again? Attach additional supporting documentation if needed.:

PROVIDE JUSTIFICATION BASED ON THE CRITERIA ABOVE

Business Officer Signature: SIGNATURE REQUIRED Date: 5/8/2023

Dean's Signature: SIGNATURE REQUIRED Date: 5/8/2023



## College of Engineering Salary Distribution Change (SDC) and Redistribution Form

**Complete all fields as applicable:**

<b>SDC</b>	Yes	<b>Additional Comp/ Summer Salary Move or Other compensation</b>	Retro Pay	<b>Work-Against Position (Yes or No)</b>	Yes
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<b>Effective Date*:</b>	07/01/2022	<b>Dept:</b>	Dean's Office	<b>OUC:</b>	140101
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*\*Request 1 of 4 (for multiple SDC requests, please make sure to complete a form for each effective date)*

<b>Preparer's Name:</b>	Shannon Williams	<b>Phone #:</b>	515-8521
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**Employee Information:**

<b>Last Name:</b>	Wonderland	<b>First Name:</b>	Minnie
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<b>Employee ID:</b>	000123456	<b>Job Title:</b>	Assistant Professor
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<b>Annual Base Salary:</b>	\$120,000	<b>Salary Supplement if applicable:</b>	0	<b>FTE:</b>	1.0
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**Funding Information:**

***Funding total must equal 100% of salary on an annual basis; if project is funded by another department/unit or College/Division, please make sure to receive approval to charge their projects***

**Current Distribution Setup:**

**Requested Distribution Setup:**

Project #	Phase (if applicable)	Account Code	Dollar amount or %		Project #	Phase (if applicable)	Account Code	Dollar amount or %
200001		51319	120,000		200001		51319	60,000
					300001		51319	60,000
<b>TOTAL</b>			120,000		<b>TOTAL</b>			120,000

**If this SDC or redistribution results in a 90 day retro action, please refer to this document for information on how to proceed**

**Approval Signatures:**

<b>Signature Required</b>	<b>Signature Required</b>	if applicable
Business Officer/ C&G Manager	Dept Head/Director/Designee	Secondary Dept Signature (if applicable)

<b>Comments:</b>	Note: there is retro pay in July's paycheck in the amount of \$XXX that also needs to be moved to to 50% on 200001 and 50% on 300001
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**College of Engineering  
Salary Distribution Change (SDC) and Redistribution Form**

**Complete all fields as applicable:**

<b>SDC</b>	Yes	<b>Additional Comp/ Summer Salary Move or Other compensation</b>		<b>Work-Against Position (Yes or No)</b>	Yes
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<b>Effective Date*:</b>	08/16/2022	<b>Dept:</b>	Dean's Office	<b>OUC:</b>	140101
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*\*Request   2   of   4   (for multiple SDC requests, please make sure to complete a form for each effective date)*

<b>Preparer's Name:</b>	Shannon Williams	<b>Phone #:</b>	515-8521
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**Employee Information:**

<b>Last Name:</b>	Wonderland	<b>First Name:</b>	Minnie
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<b>Employee ID:</b>	000123456	<b>Job Title:</b>	Assistant Professor
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<b>Annual Base Salary:</b>	\$120,000	<b>Salary Supplement if applicable:</b>	0	<b>FTE:</b>	1.0
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**Funding Information:**

***Funding total must equal 100% of salary on an annual basis; if project is funded by another department/unit or College/Division, please make sure to receive approval to charge their projects***

**Current Distribution Setup:**

**Requested Distribution Setup:**

Project #	Phase (if applicable)	Account Code	Dollar amount or %		Project #	Phase (if applicable)	Account Code	Dollar amount or %
200001		51319	60,000		200001		51319	45,000
300001		51319	60,000		300001		51319	60,000
					511112		51118	15,000
<b>TOTAL</b>			120,000		<b>TOTAL</b>			120,000

**If this SDC or redistribution results in a 90 day retro action, please refer to this document for information on how to proceed**

**Approval Signatures:**

Signature Required	Signature Required	if applicable
Business Officer/ C&G Manager	Dept Head/Director/Designee	Secondary Dept Signature (if applicable)

<b>Comments:</b>	
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## College of Engineering Salary Distribution Change (SDC) and Redistribution Form

**Complete all fields as applicable:**

<b>SDC</b>	Yes	<b>Additional Comp/ Summer Salary Move or Other compensation</b>		<b>Work-Against Position (Yes or No)</b>	Yes
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<b>Effective Date*:</b>	11/01/2022	<b>Dept:</b>	Dean's Office	<b>OUC:</b>	140101
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*\*Request   3   of   4   (for multiple SDC requests, please make sure to complete a form for each effective date)*

<b>Preparer's Name:</b>	Shannon Williams	<b>Phone #:</b>	515-8521
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**Employee Information:**

<b>Last Name:</b>	Wonderland	<b>First Name:</b>	Minnie
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<b>Employee ID:</b>	000123456	<b>Job Title:</b>	Assistant Professor
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<b>Annual Base Salary:</b>	\$130,000	<b>Salary Supplement if applicable:</b>	0	<b>FTE:</b>	1.0
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**Funding Information:**

***Funding total must equal 100% of salary on an annual basis; if project is funded by another department/unit or College/Division, please make sure to receive approval to charge their projects***

**Current Distribution Setup:**

**Requested Distribution Setup:**

Project #	Phase (if applicable)	Account Code	Dollar amount or %		Project #	Phase (if applicable)	Account Code	Dollar amount or %
200001		51319	45,000		200001		51319	55,000
300001		51319	60,000		300001		51319	60,000
511112		51118	15,000		511112		51118	15,000
<b>TOTAL</b>			120,000		<b>TOTAL</b>			130,000

**If this SDC or redistribution results in a 90 day retro action, please refer to this [document](#) for information on how to proceed**

**Approval Signatures:**

<b>Signature Required</b>	<b>Signature Required</b>	if applicable
Business Officer/ C&G Manager	Dept Head/Director/Designee	Secondary Dept Signature (if applicable)

<b>Comments:</b>	Faculty received salary increase effective 11/1/2022; revising project amounts; no change to 5 account
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**College of Engineering**  
**Salary Distribution Change (SDC) and Redistribution Form**

**Complete all fields as applicable:**

<b>SDC</b>	Yes	<b>Additional Comp/ Summer Salary Move or Other compensation</b>		<b>Work-Against Position (Yes or No)</b>	Yes
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<b>Effective Date*:</b>	05/16/2023	<b>Dept:</b>	Dean's Office	<b>OUC:</b>	140101
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*\*Request   4   of   4   (for multiple SDC requests, please make sure to complete a form for each effective date)*

<b>Preparer's Name:</b>	Shannon Williams	<b>Phone #:</b>	515-8521
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**Employee Information:**

<b>Last Name:</b>	Wonderland	<b>First Name:</b>	Minnie
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<b>Employee ID:</b>	000123456	<b>Job Title:</b>	Assistant Professor
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<b>Annual Base Salary:</b>	\$130,000	<b>Salary Supplement if applicable:</b>	0	<b>FTE:</b>	1.0
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**Funding Information:**

***Funding total must equal 100% of salary on an annual basis; if project is funded by another department/unit or College/Division, please make sure to receive approval to charge their projects***

**Current Distribution Setup:**

**Requested Distribution Setup:**

Project #	Phase (if applicable)	Account Code	Dollar amount or %	Project #	Phase (if applicable)	Account Code	Dollar amount or %
200001		51319	55,000	200001		51319	70,000
300001		51319	60,000	300001		51319	60,000
511112		51118	15,000				
<b>TOTAL</b>			130,000	<b>TOTAL</b>			130,000

**If this SDC or redistribution results in a 90 day retro action, please refer to this [document](#) for information on how to proceed**

**Approval Signatures:**

Signature Required	Signature Required	if applicable
Business Officer/ C&G Manager	Dept Head/Director/Designee	Secondary Dept Signature (if applicable)

<b>Comments:</b>	Removing release time
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