

CONVERSION RETROACTIVE CHANGE FORM
Michigan State University

Purpose: Use this form to report retroactive actions that affect an employee's pay or the account/funding information. This form is only to be used for changes with effective dates prior to conversion to the new HR/Payroll System. Effective dates prior to conversion are: 1) For bi-weekly paid employees: changes made on or before 12/18/2010. 2) For monthly paid employees: changes made on or before 12/31/2010. Once this form is completed, mail it HR Records, Suite 110, Nisbet Building, E.L., MI 48824.

Effective Date of Change: _____ **Form Initiator:** _____

Employee Name: _____

Person ID: _____ **Pernr:** _____

Actual Salary/Hourly Rate (as of effective date): \$ _____ **% of Employment (as of effective date):** _____

Please describe the type of action requested: _____

Please provide the following information below for all changes affecting funding (e.g., salary/pay rate changes, change in funds, % employment changes):

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Account (Fund)	Sub-Object (Cost Center)	Sub-Account (WBS Element)	Project Code (Order)	Wage Type (leave blank)	Amount (leave blank)	Percent	Org Ref ID (Functional Area)

_____	_____	_____	_____	_____	_____	_____
Authorized Signature	Printed Name	Date	Authorized Signature	Printed Name	Date	
_____	_____	_____	_____	_____	_____	_____
Authorized Signature	Printed Name	Date	Authorized Signature	Printed Name	Date	