



## NYU Fund 24/25 Payroll Cost Transfer Justification Form

### *Instructions:*

1. The completed Fund 24/25 Payroll Cost Transfer Justification Form along with any supporting information and the Payroll Retroactive Cost Allocation Form (<http://www.nyu.edu/employees/resources-and-services/financelink/payroll.html>) to the appropriate SPA Team inbox ([SPA.Team.1@nyu.edu](mailto:SPA.Team.1@nyu.edu) OR [SPA.Team.2@nyu.edu](mailto:SPA.Team.2@nyu.edu)) for approval. **The cost transfer request must have SPA approval prior to it being emailed to PeopleLink.**
2. Indicate 'Fund 24/25 Retro Cost Transfer Request' in the email subject line for easy identification and facilitate proper routing. Your request will be delayed if you do not identify this as Fund 24/25 Retro Cost Transfer.
3. Email the appropriate SPA Team inbox for cost transfer approval.
4. SPA will email the requestor with approval or with an explanation if rejected.
5. After receiving SPA approval, the requestor must forward the approved cost transfer request to [AskPeopleLink@nyu.edu](mailto:AskPeopleLink@nyu.edu).
6. PeopleLink will assign the request to Payroll and issue a ticket number for the request.
7. Payroll will send a confirmation email notifying the requestor as to when the request will be processed.

### *Processing Time:*

- Please ensure the request is submitted **at least 8 business days prior to the next regularly scheduled payroll for that applicable group's (monthly, weekly, bi-weekly, etc.) pay date.** The cost transfer will not be processed as part of an off-cycle payroll. Refer to the appropriate payroll calendar on FinanceLink: <http://www.nyu.edu/employees/resources-and-services/financelink/payroll/payroll-calendars-schedules.html>
- SPA requires up to two business days to approve or reject the request.
- PeopleLink will assign the approved request to Payroll generally within one business day from the time the requestor submits the email.
- The approved request needs to be assigned to Payroll five business days prior to the applicable group pay date associated with the employee to ensure processing.



**Justification for Transfer**

Please attach required documents to the cost transfer request including:

- Payroll Retroactive Cost Allocation Form
- Salary Expense Report where charge currently resides and snapshot of Workday correction to employee’s future costing allocation
- Additional correspondence such as an email from the PI to support the justification (if available but is not required)

1. Why was this expense originally charged to the account from which it is now being transferred?

2. Why should this charge be transferred to the proposed receiving account?



**(EXCEPTION) Late Cost Transfer Request**

Complete this section in the space provided if you are requesting the transfer of expense older than 90 days including adjustments dating back to prior fiscal year. Attach additional pages if necessary.

- For Personnel Expense, the 90 days is calculated based on the check payment date of the first pay period included in the cost transfer request.

3. Why is the cost transfer being requested more than 90 calendar days from when the original transaction was posted in the University's general ledger?

4. What action will be taken to eliminate the future need for cost transfers of this type? Is this action being taken?



**Approved by:**

Principal Investigator (or designee):

\_\_\_\_\_

Printed name

\_\_\_\_\_

Extension

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Additional Signature required below if over 90 days:**

\_\_\_\_\_

Printed name

\_\_\_\_\_

Extension

\_\_\_\_\_

School Fiscal Officer (or designee)

\_\_\_\_\_

Date

\_\_\_\_\_

**SPA Approver**

\_\_\_\_\_

**Date**