EARNINGS DISTRIBUTION

Use this form to change the account distribution for an employee's job.
This form should not be used to reappoint an employee – use the Personnel Data Update Form for reappointments.
*UMaine Orono should submit this form to Budget & Business Services for regular Monthly & Biweekly employees (Fax: 581-3340)

Form Data			
Form Type	**Prepared By**	**Phone**	**Date**
Campus	**Deadline:** Once all required signatures have been obtained, completed form can be faxed to 561-3456 or emailed to payroll@maine.edu by the following deadline: **Biweekly paid employees – at least two business days prior to effective date.** **Monthly paid employees – 15th of the month or as soon as possible.**		
Department			

Employee Information							
Prefix	**First Name (Legal)**	**Middle I**	**Last Name (Legal)**	**Suffix**	**MaineStreet ID**	**Job Record**	
	☐ Hourly	☐ Faculty	☐ Salaried	☐ Student	☐ Graduate Assistant		

Earnings Distribution

Earn Code	Start Date	End Date	Accounting ID	Dept	FC	Account	Class	Program	Project	Oper Unit	%

Comments:

Authorizing Signatures

	Date	Print/Type Name
Financial Manager	Date	Print/Type Name
	Date	Print/Type Name

SOHR 03/2018 HR COMP EARNINGS DIST

General Instructions

For additional information, visit http://support.hr.maine.edu/human-resources-support/human-resources/hrms-topics

1.	**Form Name: Earnings Distribution**
2.	**Revisions:** 03/2018 updated Percentage field to allow more than 2 decimal places
3.	**Purpose:** to notify HR and Payroll of a change in an account distribution for charging earnings
4.	**Required Fields**: Enter all information that needs to be added/updated in MaineStreet. Form fields preceded by ❘ are required fields; missing required information will be considered incomplete and returned to preparer.
5.	**Deadlines** for completed forms to be received by Human Resources. Items received after the deadline may or may not be completed in time for a current pay cycle. Retroactive adjustments (aka Labor Distribution Adjustments) will be processed accordingly.
	a. **Monthly employees** - AS SOON AS POSSIBLE, but no later than the 15th of the month that the pay is expected.
	b. **Biweekly employees** – AS SOON AS POSSIBLE, but no later than 2 business days prior the effective date of the action.
6.	**Submission Methods**: Send completed forms (including with all required signatures) to HR/Payroll as follows:
	a. **Fax to 561-3456**: This fax number transmits the form directly to ImageNow where payroll will link to the employee and move to appropriate data entry queue. This submission method is the most secure for protecting personal information.
	b. **Email to payroll@maine.edu**: Completed form is sent via email attachment. Per Administrative Practice Letter – Employee Protection of Data, Social Security Numbers are not advised to be shared via email. If fax is not available and form with SSN is sent via email, Payroll will print the form to ImageNow and then the email will be deleted to safeguard the employee's information.
	c. **Campus Mail**: Send via campus/USPS mail to UMS Payroll, 65 Texas Avenue, Bangor ME 04401. When received, the form will be faxed to ImageNow for processing.

Form Data

7.	**Form Type**: This field will help determine duplicate forms. Select from the dropdown as follows:
	c. **Original**: if this is the first rendition of the form sent to Payroll;
	d. **Revised**: if this form includes corrected information compared to the Original form already submitted to Payroll.
8.	**Campus**: Select from dropdown the campus initiating the action.
9.	**Department**: up to 6-character HR department ID with the first letter representing the campus (A=UMA, F=UMF, K=UMFK, M=UMM, O=UM, P=USM, I=UMPI, S=Univ Svcs).
10.	**Prepared By:** name of person completing the form
11.	**Phone**: 7-digit telephone number where the preparer can be reached during working hours
12.	**Date**: date the form is prepared

Employee Information

13.	**Prefix, First Name, Middle I, Last Name and Suffix**: Enter employee's legal name
	a. **Additional Names**: notify HR of a different preferred name (legal name will display in HR pages and preferred name will be shared with other UMS applications such as Blackboard, etc.)
14.	**MaineStreet ID**: Enter employee's 7-didgit MaineStreet ID
15.	**Job Record**: Employees may have multiple jobs with UMS. If applicable, enter the appropriate job/employment record number.

16.	**Employee Class:** select the appropriate employee type
17.	**Comments:** enter any necessary comments

Earnings Distribution

1.	**Earn Code**: Earn code will be determined by payroll and will impact how taxes and benefits are applied. Enter earn code if distribution is based on type of earnings
2.	**Start Date**: Enter the effective date of the change/addition. If payroll has already been processed since the start date, retroactive adjustment will be processed.
1.	**End Date**: Enter an end date if necessary. Note that this end date will not stop the employee from receiving pay. if the employee continues to get paid after this date, it's important to submit a new Earnings Distribution Form to avoid suspense activity. This date will also impact encumbrances.
3.	**Accounting ID**: 10-digit combocode used by HR
4.	**Dept**: 8-digit department code for GL
5.	**FC**: 2-digit fund code
6.	**Acct**: 5-digit earnings account code for GL. The account code should be based on the earnings type and will determine the fringe rate applied. Reference Earn Code List.
7.	**Class**: class code if necessary
8.	**FC**: 2-digit fund code
9.	**Program**: program code if necessary
10.	**Project**: project code if necessary
11.	**Oper Unit:** operating unit if necessary
12.	**%:** if entering multiple distribution lines, all lines must add up to 100% for each earn code. In most cases this will be one line and the percent 100%. If you need to charge this additional pay to multiple budget accounts, grants, projects, etc. you may detail on other lines on this form and detail how the pay should be distributed (75/25%, 50%/50% or even further breakdowns. The total should be 100%)

Authorized Signatures

Signatures required will vary by type of action and campus/departmental needs. Generally, a financial manager signature is required on all forms with changes in salary.

13.	**Department Head/Supervisor**: signature, date and typed/printed name of supervisor or department head
14.	**Financial Manager**: signature, date and typed/printed name as required
15.	**Director/Chair/Dean/Vice President/Provost:** signature, date and typed/printed name as required