



Research Seminar Series

March 18, 2015

Navigating the Research Administration Process

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Budget Module

- Pay close attention to FTE and Pay Basis on Screen 1
- Enter redistributions between funds on Screen 2 on “other”
- Enter salary changes due to FTE changes on Screen 2 on “other”
- Review the individual employee’s recap on Screen 3
- Enter changes between budget categories on Screen 4 (salary automatically updated). E&G --Mid-year typically = beginning of the year balance.
- Reports – Item 20

Employment

- Creation of new positions
- Assessment of current positions
- Position Approval Request Form (PARFs)
- Offer letters
<http://www.research.msstate.edu/rresources/offerletters.php> and
<http://www.hrm.msstate.edu/forms/>
- Employment Action Forms (EAFs) <http://www.hrm.msstate.edu/employment/eaf/>
- Termination requests (position discontinued) due to elimination or reduction of funding.

Managing Research Division Funds: E&G, Restricted, and Designated

- Budget justification and development
- Job Labor Redistribution Form (JLRFs)
- Summer Appointment Request Form (SARFs) (see following pages for more details!)
- Request for Other University Employment Activity (ROUEA)
- Expenditures and reconciliations
- Cost Transfers - <http://www.controller.msstate.edu/forms/>
- Cost Sharing
- Interdepartmental Transfers
- Budget Transfers

SARF (Summer Appointment Request Form)

- Start working EARLY with your faculty members on their plans for the summer. If they plan to work in the summer outside of summer school teaching, ask for the work dates, funding sources, etc.
- SARFs need to go completely through the signature process and arrive at Payroll roughly two weeks prior to the pay date.
- The salary rate is based on the rate in effect for the academic year that just ended even if they got a raise in the budget module. For 9 month employees, those raises don't go into effect until August 16.

SARF Continued

- The rate of pay can't exceed their normal semi-monthly rate of pay.
- The pay dates must coincide with the work dates.....work from May 16-31 must be paid on May 31. Work done during the academic year does not earn them summer pay!
- Workload percentages must add to 100% for a pay period.
- They shouldn't be paid 100% from contracts & grants and put "proposal writing" as the services performed!
- Summer teaching load must be considered. See calculation example.
- Corrections to distributions only must be done via memo to Payroll signed by ORED (and Academic Affairs if academic faculty involved).

International Travel

- Hawaii is considered international. Canada is international. Alaska is domestic even though you may have a connecting flight in Canada.
- If changes need to be made to the form after it is fully signed, do not do a new original. Send the first one back through with a memo explaining what you've changed on the form and asking the approvers to initial and date beside their signatures indicating their approval of the change.
- The traveler must sign the page indicating whether or not their destination is a country under a travel warning. Double check here before you submit the form:

http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html

International Travel Cont'd

There are 6 options for the “Source of funding” section as specified by IHL – please use them!! They are:

- Restricted Grants and Contracts
- Indirect Cost Recoveries
- Program Fees
- Auxiliary Funds
- Designated Funds
- No Additional Costs

Questions? Comments? Pleas for mercy?

Additional contact info (the ones you really want to talk with):

Lynn Wyman, Business Manager II

lynn@research.msstate.edu 5-6849

Gloria Miley, Senior Accountant

Gloria@research.msstate.edu 5-0677

**Mississippi State University
Budget Menu**

1. FY 2015-2016 Budget System
2. FY 2014-2015 Budget System (View Only)
99. Stop
 Option ?

**FY 2015-2016 Budgeting System
Master Menu**

1. Update Budget Base Information
2. Update Salary Distribution Information
3. View Multiple Salary Distributions
4. Update Operating Budget Line Items
5. Enter/Update Revenue Accounts
6. 2-Digit Fund Summary Totals
7. 6-Digit Fund Summary Totals
20. Report Menu
99. Stop
 Option ?

1-Budget Base Information Update Screen Function[]

Position Number: 00xxxx Pay Basis: 18

_____ 07/01/2014 (Beginning Budget) _____

ID: XXX-XXX-XXX Name: LAST, FIRST MIDDLE

FTE: 1.000 Salary: 85,895.00

_____ Mid-Year Changes _____

ID: XXX-XXX-XXX Name: LAST, FIRST MIDDLE

FTE: 1.000 Salary: 85,895.00

_____ 07/01/2015 (New Budget) _____

ID: XXX-XXX-XXX Name: LAST, FIRST MIDDLE

FTE: 1.000 Salary: 85,895.00

Although no title is displayed, this is for Option 2 - Update Salary Distribution Information

This is a **multi-page function**. After specifying a position number and hitting return, you can then select N to bring up the next funding record.

Function

Position No: 00xxxx LAST, FIRST MIDDLE

Account

Fund: 259XXX Departmental Overhead

Org: XXXXXX Organization

Program: 021000 Institutes & Research Centers

Activity: 000000

Title July 1, 2014: F0001 Assistant Professor

Mid-Year Change: F0001 Assistant Professor

July 1, 2015: F0001 Assistant Professor

Beg Budget(07/01/2014): 1,000

Interim Changes: 0

Mid-Year Amount: 1,000

Raise: 0

Approved Promotions: 0

Educ. Ach 0

Reclass: 0

Other: 0 0 .00 % Incr/Decr per

New Budget(07/01/2015): 1,000 Distribution

Here is page 2 of this employee's budget record -- obtained by inserting "N" in the function and hitting the return.

Function

Position No: 00xxxx LAST, FIRST MIDDLE

Account

Fund: 100000 MSU Education and General Fund
Org: 0XXXXX Organization
Program: 011000 General Academic
Activity: 000000

Title July 1, 2014: F0001 Assistant Professor
Mid-Year Change: F0001 Assistant Professor
July 1, 2015: F0001 Assistant Professor

Beg Budget(07/01/2014): 84,895
Interim Changes: 0
Mid-Year Amount: 84,895
Raise: 0
Approved Promotions: 0
Educ. Ach 0
Reclass: 0
Other: 0 0 .00 % Incr/Decr per
New Budget(07/01/2015): 84,895 Distribution

Function []

3-Combination Base/Dist View Screen - Salary

Position No.: 00xxxx

July 1, 2014: XXX-XXX-XXX Name: LAST, FIRST MIDDLE Basis: 18 FTE: 1.000	Current: XXX-XXX-XXX Name: LAST, FIRST MIDDLE Basis: 18 FTE: 1.000
---	--

Fund	Org	Prog	Actv	07/2014	Int Chgs	Mid-Year	Inc/Dec	07/2015	%
259XXX	XXXXXX	021000	000000	1,000	0	1,000	0	1,000	1.16%
100000	XXXXXX	011000	000000	84,895	0	84,895	0	84,895	98.84%
Totals				85,895	0	85,895	0	85,895	
Percent Incr/Decr							0.00%		

4. Update Operating Budget Line Items

_____ Totals _____ Function []

Fund: 100000 Org: XXXXXX Prog: XXXXXX Actv: Dept Head: XXX-XXX-XXX

Name: Organization name Department Head name

Category	Beg. Balance 07/01/2014	Interim Changes	Mid-Year Balance	Increase / Decrease	Balance 07/01/2015
Salaries	84895		84895		84895
Wireless	0		0		0
Fringes	0		0		0
Travel	0		0		0
Contractual	0		0		0
Commoditi	0		0		0
Equipment	0		0		0
Other Capit	0		0		0
Sub,Loans,C	0		0		0
TOTALS	84895	0	84895	0	84895

Function

5-Revenue Accounts Update Screen

Fund: XXXXXX Normally used for Separate Appropriations, etc.

Org: XXXXXX Organization

Program: XXXXXX

----- Revenues -----

Acct	Description	2014-2015	Increase /Decrease	2015-2016
351140	Ms State Chemical Laboratory	\$XXXXXXXX		\$XXXXXXXX
357203	Fees - Laboratory & Testing	\$XXXXXXX		\$XXXXXXX
TOTAL				
Exp.	\$XXXXXXXX	TOTAL:	\$XXXXXXXX	\$X \$XXXXXXXX

**MISSISSIPPI STATE UNIVERSITY
REQUEST FOR BUDGET TRANSFER**

A. TRANSFER FROM							
DEPARTMENT NAME	FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	POSITION	AMOUNT
							\$0.00

B. TRANSFER TO							
DEPARTMENT NAME	FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	POSITION	AMOUNT
							\$0.00

EXPLANATION BELOW IS ESSENTIAL TO CONSIDERATION OF THIS REQUEST.

A. Reason for transfer:

B. (Mark one) Permanent Temporary Released

<u>SIGNATURE OF APPROVING OFFICIALS</u>	<u>TITLE</u>	<u>DATE</u>
_____	Budget Manager	_____
_____	Next Higher Administrator	_____
_____	Vice President*	_____

*Vice President's signature required for
 Permanent transfers
 Transfers crossing functions or divisions
 Transfers to Plant Funds
 Transfers involving salaries (401000or wages (402000)

This form prepared by:

Name _____

Phone _____

DOCUMENT REF.
(Internal Use Only)

ORED hiring documentation requirements revised 3/17/15	Regular, Full-time and Part-time Staff							Regular, Full-time and Part-time Research Faculty & Professionals		Intermittent (hourly employees)-must have an actual "title"		Postdoctorals		Student Workers or Work Study Students		Graduate Assistants		Rehired Retirees (continuations from previous fiscal year with no break in service)		Rehired Retirees - initial hiring after 90 day break in service		Notes
	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	Regular, Full-time and Part-time Staff	
EAF	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	ORED does not sign EAFs for student workers, work study students or GAs	
PARF or Approved Waiver	x	x																			On-line PARF Per HRM web-site on-line PARF is needed for 1st time hired retirees and any break in service. For instructors - use paper PARF.	
Signed Offer Letter	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	All except student workers (incl. work study) should have offer letters but ORED only signs offer letters for these categories only: retirees who retired under the 2002 Retirement Incentive Program, regular staff, professional, faculty and PostDocs.	
I-9 w/ corresponding documentation	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Not needed if the person is a current employee and there has been no break in service.	
Personal Demographic Data Form	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Not need if there is currently one on file that is up-to-date.	
Tax Documents*	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Not needed if already on file at Payroll and there has been no break in service. Make note on EAF to that effect.	
Online Application	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Need application for all categories except student workers and Grad Asst.	
Resume or CV	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		
Direct Deposit/Paycard form	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	All new hires and rehired retirees as info is purged after retirement.	
Salary Justification if between minimum and midpoint(VP approval not required)	x	x																			Will need to justify any salaries not in current range in dept HRM approval of PARF & salary- will send link to retiree to apply for position Salary between Minimum and Midpoint must have justification to accompany offer letter. Salary between Midpoint & Maximum needs justification approved by HRM before offer extended. Salary above maximum needs recommendation by HRM, approval by appropriate VP and then submission to President.	
2 letters of recommendation		x																			Highly recommended but not required except for Research Faculty. Dept must maintain reference checks on new hires for a 3 year period.	
Transcript		x																			Not needed if already on file at HRM unless it has been revised. Make note on EAF to that effect. Also, if there is a delay in receiving the transcript, the department can indicate on the EAF that a transcript has been requested and will be submitted to HRM upon receipt.	
PERS 4A																					Also do a 4A on regular professionals, staff and faculty who are at lower than 50% effort	
PERS 4B																					After initial hire year, to continue hire to preceding years, only PERS 4B needs to be sent annually to HRM.	
Job Description	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		
Criminal background screening authoratation form	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Excludes current employees who are moving to another MSU position. But needed for initial hiring of retirees. If changing Student to intermittent or regular employee, a Truescreen form is required, if not already on file.	

Additional Notes:

- 1) New Staff compensation policy (excludes faculty, postdocs, intermittent employees, students and Grad.)
 - A) Must use title listed on HRM website, under "Staff Compensation Program", "Salary Titles and Grades."
 - B) When offering a position to a potential employee;
 - i) minimum, no justification is required.
 - ii) more than minimum but less than the midpoint, a justification for the salary must be attached to the offer letter (along with other documents) for VP Research signature (make sure to keep justification with hiring paperwork)
 - iii) above midpoint, but less than maximum - justification requires HRM approval.
 - iv) above maximum, approved recommendation by HRM, and both VP approval and President approval.

Mississippi State University

The EAF is used for actions that affect payroll and/or the employee's Banner records. The EAF precedes the requested action, and is completed by a designated employee in the department in which the action is taking place. It should not be prepared by the p
The EAF form must include signatures by those with authorization for the action taken. Separate forms are required for Job Labor Redistribution, Request for Other University Employment Activity, or Summer Appointment Request.

Section I: Employee Information (Yellow Highlighted Fields are Required Fields)				Section II: Transaction Information (Yellow Highlighted Fields are Required Fields)		Section III: Status Changes (Required Fields if Changes are Made)		
MSU ID No.:				Effective Date of Action:		<i>List Appropriate Type of Change</i>		
Name: <i>(First, Middle, Last Suffix)</i>				Select Type of Action		Title	From	
Current/New Title(s):				Please Select		Title	To	
Current/New Title Code:						Position No.	From	
Home Org. Name:						Position No.	To	
Home Org. Number:						Pay	From	
Time Sheet Org. Name:						Pay	To	
Time Sheet Org. Number:						FTE	From	
Check Address:						FTE	To	
						Other	From	
						Other	To	
				Select Type of Appointment		<i>Select Type of Separation</i>		
Select Employee Status		List Part-Time %	Select Type of Pay	List Rate of Pay		Please Select		Please Select
Please Select			Please Select					

Human Resources Management Use Only				Section III: Status Changes Continue				
<input type="checkbox"/> FMLA Leave without Pay; With Benefits <input type="checkbox"/> Leave Without Pay; Without Benefits <input type="checkbox"/> Military Leave Without Pay; With Benefits <input type="checkbox"/> Separation Leave Payout/Transferring Leave				Select Type of Leave of Absence				
				Please Select				
				<i>Beginning Date</i>		<i>End Date</i>		

Section IV: Accounting Distribution (Required Fields)								
Position # & Suffix	Account Name	Fund	Org	Program	Activity	Semi-monthly/Hourly Rate	Annual Rate	Work-Load %
Totals							\$0.00	0.00%

Prepared By:				Employee Contract Required	
Name:				Approval Signature and Title:	
Phone:					
Email Address:					
Mail Stop:					

Select for Required Paperwork by Type of Hire

Employment Action Form (EAF)

Person for whom the form has been initiated.

Changes made in Section I)

Change

Number of Hours

Balance to be Paid (Optional)

\$0.00

Please Select [Select for Contract Form](#)

Date:

Job Labor Redistribution Form

Mississippi State University

MSU ID #: _____

Effective Date: _____

Name: _____
First Middle Last

Title: _____

Position Number & Suffix	Account Name	Fund	ACCOUNTING DISTRIBUTION			Semimonthly/ Hourly Rate	Annual Salary	Workload %
			Org	Program	Activity			
TOTALS						\$0.00	\$0.00	0.00%

Instructions

- * Department Head signature required.
- * Principal Investigator signature required for forms that include restricted funds.
- * Forward completed form to Human Resources Management at **Mailstop 9603**.
- *If redistributing payrolls involving restricted funds three months after the original charges, attach *Job Labor Redistribution Justification Form* and forward directly to Sponsored Programs Accounting at **Mailstop 9602**.
- *E&G Funds can not be redistributed after the Fiscal Year closes.
- *When redistributing payrolls that impact more than one Fiscal Year, two Job Labor Redistribution Forms are required, one for each Fiscal Year.

Approval Signatures

Department Head: _____ Date: _____

Principal Investigator: _____ Date: _____

Additional Signature (if required): _____ Date: _____

Prepared by: _____

Date Prepared: _____

Phone Number: _____

Job Labor Redistribution Justification Form

Mississippi State University

MSU ID #: _____ 0 _____

Effective Date(s): _____ 1/0/00 _____

Name: _____ 0 _____
 First **Middle** **Last**

Title: _____ 0 _____

Your justification must include an explanation for why the JLRF was processed three months after the original charges and how the charges are allowable on the fund. If the Confirmation of Effort Report has already been "certified correct", but now a JLRF is being processed for redistribution, please include a specific explanation to justify the change.

[Large empty box for justification text]

Department Head: _____ **Date:** _____

Principal Investigator: _____ **Date:** _____

Additional Signature (if required): _____ **Date:** _____

Request for Other University Employment Activity

Primary Employee Information	Payroll Type/ Employment Type (check all that apply)	Requesting Department Information
MSU ID _____	<input type="checkbox"/> Regular	<input type="checkbox"/> 9 Mo Appointment
Employee Name _____	<input type="checkbox"/> Graduate Assistant	<input type="checkbox"/> 12 Mo Appointment
Home Org Name _____	<input type="checkbox"/> Intermittent	Department Name _____
Position Title _____	<input type="checkbox"/> Student	Time Sheet Org # _____
Position # _____		Prepared by _____
Rate of Pay _____		Phone # _____

Payment Types (Complete accounting distribution information below only):

<input type="checkbox"/> OVT (Overtime) outside of home department/unit	Hourly Rate \$ _____ X hrs _____ = \$ _____
<input type="checkbox"/> HOT (Holiday Overtime) <input type="checkbox"/> HOW (Holiday Hrs Worked)	Work Performed _____ to _____

The following payment type requires approval prior to the employee engaging in any other employment activity.

MSC (Misc Pay) Worked performed within unit Work to be performed is outside the unit (Must have approval of home dept.)

Period of Work Requested _____ to _____

Services Performed/ Justification _____

Award* Amount \$ _____ Name of Award: _____

Note: Award is a recognition of special achievement. Please note this request for payment must be paid from a restricted University account created solely for this award and reimbursed from the MSU Foundation. A copy of an approved MSU Foundation DF-01 requesting reimbursement must be attached to this form.

***Important: Effective July 1, 2013, award and bonus payments are excluded from the definition of earned compensation and are not included in calculating PERS or ORP retirement benefits. See PERS regulation 65: <http://www.pers.state.ms.us/pdf/regulations/Reg65.pdf>**

Employee Signature: _____ Date: _____

I understand that this application **must receive all required university approvals prior** to my engaging in any other employment activity. I certify that this employment will not result in a conflict of interest with or commitment to my primary employment. A separate application must be completed before each employment activity.

Accounting Distribution

Date of Payment	Fund Org Account Program Activity	Amount of Payment	%

Signature/ Date _____	Signature/ Date _____	HRM Use Only
Signature/ Date _____	Signature/ Date _____	
Signature/ Date _____	Signature/ Date _____	

HRM Revised 06/2013

Maximums when NOT teaching Maymester:

REMEMBER TO INSERT CORRECT SALARY!!!

	SM Period:	5/16-31	6/1-15	6/16-30	7/1-15	7/16-31	8/1-15
Maymester		0%					
1st Term Summer - 1 class @ 8% of 9 mth salary			72%	72%			
2nd Term Summer - n/a					0%	0%	
Available for research or dept'l funding		100%	28%	28%	100%	100%	100%
	SM Period:	5/16-31	6/1-15	6/16-30	7/1-15	7/16-31	8/1-15
		\$56,000 (9 month salary)					
Maymester		\$0.00					
1st Term Summer - 1 class @ 8% of 9 mth salary			\$2,240.00	\$2,240.00			
2nd Term Summer - n/a					\$0.00	\$0.00	
Available for research or dept'l funding		\$3,111.11	\$871.11	\$871.11	\$3,111.11	\$3,111.11	\$3,111.11
		<u>\$3,111.11</u>	<u>\$3,111.11</u>	<u>\$3,111.11</u>	<u>\$3,111.11</u>	<u>\$3,111.11</u>	<u>\$3,111.11</u>

9 month salary multiplied by 8% is 72% of effort for that 5 week summ
 1 single term class is 8% of the 9 month salary.
 That calculates to 72% of that summer term effort.



per term.

Mississippi State University

Summer Appointment Request Form

Complete this form to request payment(s) for a summer appointment (but not Summer School Teaching Appointments) during the period May 16 - August 15 for a 9-month employee. This form will not be accepted for any other type of payment. Obtain the appropriate signature approvals and forward to the Department of Human Resources Management, mail stop 9603 or 150 McArthur Hall.

MSU ID No. _____
 Name: _____ (First, Middle, Last)
 Title(s): _____
 Home Org. Name: _____
 Home Org. Number _____
Org. name and number for department requesting payment:
 Org. Name: _____
 Org. Number: _____
 Annual Rate of Pay: \$ _____ Fiscal Year: _____

Work performed from: _____ to _____

\$ _____ Total payment amount requested.

Provide a brief description of services performed and justification for this request below.

Type of Services Performed:

Justification:

If teaching Maymester in addition to this assignment, list amount of payment: _____

If teaching Summer School in addition to this assignment, list amount of payment(s): (info. use only)

1st Term \$ _____ % 2nd Term \$ _____ %

Position Number	Date of Payment	Account Name	Fund	Org	Account	Program	Activity	Amount of Payment	Workload %

Note: If this work is outside of the employee's regular department, the home department must also sign this form.

Form prepared by: Name: _____ Phone: _____	For Office Use Only:
--	----------------------

Approval Signatures: _____ Date: _____

MISSISSIPPI STATE UNIVERSITY

REQUEST FOR COST TRANSFER

Prepared By: _____

Date of Request: _____

Phone Number: _____

Mail Stop: _____

Amount: \$ _____

Date of Original Charge: _____

Description: _____

For SPA use:

For SPA use:

Cost Txf Doc # to	/ Cr
Cost Txf Doc # fr	/ Dr

Cost Txf Doc # to	/ Cr
Cost Txf Doc # fr	/ Dr

Move Expense From Fund = Credit

Move Expense To Fund = Debit

FUND	ORG	ACCT	PROGRAM	ACTIVITY*	DEBIT	CREDIT	Banner Reference Number**

*Activity required for 32 and 33 funds only. Attach Monthly Ledger Report showing original charge.

**Fully describe reason for transfer: (i.e. Why is it a reasonable charge to a different account? Why original charge was made to wrong account? And why is a partial charge being transferred?).

**Explanation for delay in making request for cost transfer beyond 90 days. (Document will be returned if explanation is not provided for cost transfers over 90 days.)

APPROVALS:

**Principal Investigator: _____ Date: _____

**Department Head or Director: _____ Date: _____

****REQUIRED INFORMATION**

Banner Reference Number examples are AP DP #, Partial #, AO-6#, Document # from expense report.

**If Restricted funds are involved return completed and approved form to Sponsored Programs Accounting
Mail Stop 9602, McArthur Hall, all other transactions return to Records and Reporting Mail Stop 9602**

Need help? Have questions? Call 325-1937

SPA Approval:	Date: