

FISCAL YEAR SALARY ALLOCATION FORM (FYSA)

Where to find:

<https://www.etsu.edu/bf/documents/fysa.xls>

How to complete:

1. **Employee** - The individual's name whose labor distribution is changing.
2. **E ID#** - The individual's employee number (E followed by 8 numerical digits).
DO NOT ENTER SOCIAL SECURITY NUMBER
3. **Current Salary** - Call Human Resources (9-4457) to obtain current salary information or check e-print Banner HR Campus - NZRBD03 Proposed Salary/Wages. Website:
<http://eprint.etsu.edu/cgi-bin/eprint.cgi>
Access to e-print is needed in order to obtain this information. Please contact Dave Smith in Financial Services to obtain access. If salary includes stipend check "yes" or "no" box.
4. **Department** - The department to which the individual is primarily assigned.
5. **Prepared by and Phone Number** - Name and phone number of the individual completing this form.
6. **Date** - The date form is prepared.
7. **Faculty** - This information for faculty only. Staff, hourly appointments, graduate assistants and residents should be excluded.
Check "F9" if faculty is academic year.
Check "FA" if faculty is fiscal year.
Check "Other" if faculty is clinical, geographic, etc.
8. **Grant Boxes** - Check box if applicable to grants.
9. **Position Number** - The position number assigned to the employee - 6 digits.
10. **Index #** - E Chart Only. Unrestricted indexes are 5 digits (Organization). Restricted indexes (Grants) are 6 digits (Fund).
11. **Account Code** - 5 digit personal service account code.
 - 61110 - Administrative Salaries Regular
 - 61120 - Administrative Salaries Temporary
 - 61140 - Administrative Salaries Graduate Assistant
 - 61210 - Faculty Academic Salaries Regular
 - 61220 - Faculty Academic Salaries Temporary
 - 61240 - Faculty Academic Salaries Graduate Assistant
 - 61310 - Clerical Support Salaries Regular
 - 61320 - Clerical Support Salaries Temporary
 - 61610 - Professional Support Salaries Regular
 - 61620 - Professional Support Salaries Temporary
12. **Effective Dates** - The month/day/year this change is to begin (From) and the month/day/year this change ends (To). The employee's salary allocation for the entire fiscal year must be reported on this form. For example, if the end date of the change is prior to the end of the fiscal year, please indicate where the effort is to be charged for the remainder of the fiscal year. Only one fiscal year (July to June) per form.
13. **Percentage** - The percentage of the salary that is to be charged to each of the indexes listed. Each time period change must equal 100%. Periods will change when a new index is used or an existing index is charged at a different percentage rate.
14. **Justification** - The reason for the fiscal year salary allocation form.
15. **Signatures** - All appropriate signatures needed to process the fiscal year salary allocation form. The COM will only need to utilize the COM signature line (the Dean of College and VP signatures are not required).