



# Department of Finance and Administration

## Direct Payroll Adjustments Form

*\*Please note all information on this form should be typed, saved as a PDF and attached to journal entries remitted to DFA for approval. Effective July 01, 2018, Agencies who elect to reallocate payroll expenses via a Direct Payroll Adjustment in MAGIC will be required to complete the following annual agreement for each budget year before entries are approved. **ALL** subsequent MAGIC payroll adjustments for that budget year will require a copy of the finalized agreement for entries to be approved. Agency agrees that DFA may require agency staff to produce detail-funding information by employee at any time. Agencies may be required to comply with this request within as little as a single business day. Additionally, in future, DFA may require agencies to provide a comprehensive annual report of employees and their funding distributions, which incorporate all MAGIC adjustments. Agency is required to provide two contacts for reporting in the Contact sections below.*

### Agency & Budget Year Information

Agency Name: \_\_\_\_\_

Business Area: \_\_\_\_\_

SPAHRS Number(s): \_\_\_\_\_

Budget Year: \_\_\_\_\_

### Agency Contact One

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Agency Contact Two

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Required Signatures

\_\_\_\_\_  
Agency Executive Director (Print Name and Title)

\_\_\_\_\_  
Agency Executive Director (Signature)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Agency Accounting Director (Print Name and Title)

\_\_\_\_\_  
Agency Accounting Director (Signature)

\_\_\_\_\_  
Date of Signature