Payroll Redistribution Request

Use this form for retroactive redistributions only.
For grants, submit completed form to OSP Accountant, BTC Room 012.
For other funds, submit completed form to Finance Office, Morgan Hall Room 211.

Reset form

DATE _____ **PAY ID (pick one)** **MN** ◯ **BW** ◯ **ST** ◯

EMPLOYEE INFORMATION	
Name	
WIN	

REQUESTOR INFORMATION	
Name	
Phone no.	

Beginning date _____ **Ending date** _____

REDISTRIBUTE TO:				
Fund	**Org**	**Account**	**Program**	**Amt or Percent**

REDISTRIBUTE FROM:				
Fund	**Org**	**Account**	**Program**	**Amt or Percent**

Requests for payroll redistributions must be made within 90 days of the initial charge, and occur in the current fiscal year.
If the redistribution affects a fund or org code for which you do not have approval authority, you must obtain approval from all other affected department heads prior to submitting the request.

Explain why the payroll redistribution is necessary. If for a grant, describe how the costs are allowable/allocable to the grant.
If this request is for a grant, you must also submit a completed Cost Transfer Request to OSP.

Approvals:
Signature of department head is ***always*** required.
Signature of dean or area head required when redistribution is more than 90 days after the initial charge.
Signature of PI/PD and OSP Accountant required when redistribution affects grant funds.

Department Head _____ Dean or Area Head _____

Signature _____ *Date* _____ *Signature* _____ *Date* _____

PI or Program Director _____ OSP Accountant _____

Signature _____ *Date* _____ *Signature* _____ *Date* _____