

REQUEST FOR A PAYROLL REDISTRIBUTION



Employee Information

Full Name:

DU ID:

Position Number:

Department:

Reason for Request

(ORSP-“Clearing Overrun” is not an acceptable reason to charge expense to a grant fund.)

Hire was filled out incorrectly

Other: Please specify-

Is the request more than 30 days beyond the original pay date? No Yes, please explain:

		FOAPA				Amount	Payroll ID & #
	Fund	Orgn	Acct	Prog	Activity	Gross Salary (verify in NHIDIST or PHAREDS)	Provide the BW or MO payroll number that is affected, verify in PTRCALN- i.e. MO 2 (enter one pay period per line)
<i>Where salary is currently charged (in Banner)</i>							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
<i>Where salary should be charged</i>							
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Prepared by:

Phone/Ext.:

Date:

Department/Supervisor Approval:		Date:
Budget Officer Approval:		Date:
<u>ORSP Approval:</u>		<u>Date:</u>
<i>SSC -Request completed by:</i>		<i>Date:</i>

Once all approvals are received, email the completed form to the Shared Services Center.