



## Budget Transfer and Salary Distribution Change Request

<b>RECOMMENDED ACTION - COMPLETE ALL SECTION FOR REQUIRED ACTION</b>		PREPARED BY:
<input type="checkbox"/> SALARY BUDGET TRANSFER 1,5	<input type="checkbox"/> SALARY REALLOCATIONS 2,4,5	DATE:
<input type="checkbox"/> JOB LABOR DISTRIBUTION CHANGE 2,3,5		PHONE: <span style="float: right;">FAX:</span>

REQUEST SALARY BUDGET TRANSFER							
BUDGET TRANSFER - FROM:			<input type="checkbox"/> PERMANENT			<input type="checkbox"/> TEMPORARY	
POSITION NO	SUFFIX	POSITION TITLE	COST CENTER TITLE	FUND	ORGN	ACCOUNT	AMOUNT
TOTAL							-
BUDGET TRANSFER - TO:							
POSITION NO	SUFFIX	POSITION TITLE	COST CENTER TITLE	FUND	ORGN	ACCOUNT	AMOUNT
TOTAL							-

REQUEST LABOR DISTRIBUTION CHANGE ON JOB RECORD									
EMPLOYEE ID:					EMPLOYEE NAME(LAST, FIRST,MI)				
HOME ORGANIZATION NO./TITLE					POSITION NO.		SUFFIX		
JOB LABOR DISTRIBUTION CHANGE FROM:					JOB LABOR DISTRIBUTION CHANGE TO:				
FUND	ORGN	ACCOUNT	PERCENT		BEGIN DATE	FUND	ORGN	ACCOUNT	PERCENT

SALARY REDISTRIBUTION REQUEST								
SALARY REDISTRIBUTION - FROM		PAY ID	CALENDAR YEAR BEGIN		PAY NO	CALENDAR YEAR END		PAY NO
HOURS	PERCENT	AMOUNT	FUND	ORGN	ACCT			
SALARY REDISTRIBUTION - TO								
HOURS	PERCENT	AMOUNT	FUND	ORGN	ACCT			

<b>5</b>	COST CENTER ADMINISTRATOR OR PI PRINT NAME		SIGNATURE			DATE	
	DIRECTOR/DEAN PRINT NAME		SIGNATURE				
	VICE PRESIDENT PRINT NAME		SIGNATURE			DATE	
<b>6</b>	HRIS	INITIALS	DATE				

**COMMENTS/ REASON FOR TRANSFER**