



Budget Transfer and Salary Distribution Change Request

RECOMMENDED ACTION - COMPLETE ALL SECTION FOR REQUIRED ACTION		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: FAX:

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	

5	COST CENTER ADMINISTRATOR OR PI		SIGNATURE		DATE
	PRINT NAME				
	DIRECTOR/DEAN Mirna P. Davis		SIGNATURE		
6	VICE PRESIDENT		SIGNATURE		DATE
	PRINT NAME				

6	HRIS	INITIALS	DATE
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