

## Fields on the Reallocation Form

**All reallocation requests will need a separate reallocation form for each employee. No variations of reallocation forms including spreadsheets will be accepted. Any and all variations will be returned to the department to be submitted on the designated reallocation form for processing**

**\*\*If you are reallocating effort onto a project, this must be done as a Cost Transfer and submitted to GCA. Anytime you are moving off a project and onto an activity, this will also need to be submitted to GCA. No project moves should be submitted via a payroll reallocation. \*\***

1. EMPLOYEE NAME: The name of the person who needs earnings, benefits or taxes reallocated.
2. EMPLOYEE ID: The employee ID # of the person who needs earnings, benefits or taxes reallocated.
3. TIME PERIOD COVERED: FROM: Enter the start of the pay period or pay periods affected by the requested reallocation.
4. TIME PERIOD COVERED: TO: Enter the end of the pay period or pay periods affected by the requested reallocation.  
*Reallocations cannot be more than 1 quarter at a time and cannot cross quarters. A separate reallocation form will be required for in an out of quarter requests*
5. PREPARED BY: The name of the person who prepared the reallocation form.
6. QUARTER: IN or OUT: If the requested reallocation happened within the current quarter, mark IN. For example, if the current quarter is 01/01/24 – 03/31/24 and the request started 02/01/24 and ended 02/15/24, mark IN quarter.  
If the requested reallocation happened outside of the current quarter, mark OUT. For example, if the current quarter is 01/01/24 – 03/31/24 and the request started 12/15/23 and ended 12/31/23 mark OUT of quarter.  
**NOTE:** Reallocation forms can only cover IN or OUT of quarter dates and cannot be combined. If the requested reallocation is both in quarter and out of quarter, then two separate forms will need to be completed.
7. CONTROL NUMBER: This field is for the Payroll Office to fill out.

***The Earnings and Benefits & Taxes sections should be filled out by using an EBT/Earnings Benefits & Taxes Report. Dollar amounts from Kronos should not be used for a reallocation. The amounts within Kronos are estimates and may not accurately record what was actually charged.***

***A separate reallocation form will be required for each individual employee. This form will allow for multiple chartfields on the same form for the same employee and time frame***

8. REC#: The record number is the number associated with the job within PeopleSoft and can be found on the Earnings, Benefits & Taxes report. Most often it will be “0” but the appropriate record # must be reported.
9. FROM CHARTFIELD: The chartfield that was originally charged. Campus chartfields will include the Business Unit (BU), Org, Activity/Project, Account, and Allowable/Unallowable (A/U). Hospital chartfields will include the Business Unit (BU), Org, Account and Allowable/Unallowable (A/U).
10. TO CHARTFIELD: The chartfield that should have been charged.
11. TOTAL EARNINGS TO BE TRANSFERRED: The total dollar amount of earnings to be reallocated.
12. BENEFITS & TAXES FROM & TO CHARTFIELD: The BU, Org, and Activity/Project will be the same as the earnings chartfields. The account will be 59000 for BU 01 and 04, and 51010 for BU02.
13. TOTAL DED AMOUNT TO BE TRANSFERRED: The total amount of benefits to be reallocated
14. TOTAL TAX AMOUNT TO BE TRANSFERRED: The total amount of taxes to be reallocated.
15. EXPLANATION: Why the reallocation is being requested.
16. REQUESTED BY: This is the name of the person who is requesting the reallocation. Many times this is the Principle Investigator (PI) or an authorized signer on the chartfield.

17. **EXT:** The phone number or extension of the person requesting the reallocation.
18. **TOTAL REALLOCATION:** The total amount of earnings, benefits and taxes to be reallocated. (These amounts will be the totals from box 20,23 and 26)
19. **EARNINGS CODE :** All Earnings Codes that need to be reallocated
20. **AMOUNTS:** The total amount of earnings for each earnings code
21. **DEDUCTIONS:** All Deductions Codes that need to be reallocated
22. **AMOUNTS:** The amount of deduction code that needs to be reallocated
23. **TAX CLASS:**
24. **AMOUNTS:** The amount of tax class that needs to be reallocated
25. **TOTALS TO BE TRANSFERRED:** Sum of Earnings, Benefits and Taxes (Box 11, 13 and 14)

**NOTE:** Box 25 must match the total reallocation \$ amount. Box 18

**Payroll Reallocation Form - ALL Areas must be filled out by the preparer**

PROJECTS MUST BE DONE ON A COST TRANSFER OR PERSONAL ACTIVITY REPORT (PAR)

Employee Name	1	EMPLOYEE UID	2	Time Period Covered	4	PREPARED BY	5	QTR	6	IN/OUT CONTROL #	7
				From	TO						
				3							

**EARNINGS**

REC #	BU	ORG	ACTIVITY (8)	ACCNT(5)	A/U	CODE	AMOUNT
8			9				20
						19	

REC #	BU	ORG	ACTIVITY (8)	ACCNT(5)	A/U	CODE	AMOUNT
8			10				

TOTAL EARNINGS TRANSFERRED	
\$	11

**DEDUCTIONS**

REC #	BU	ORG	ACTIVITY (8)	ACCNT(5)	A/U	CODE	AMOUNT
8			12				22
						21	

REC #	BU	ORG	ACTIVITY (8)	ACCNT(5)	A/U	CODE	AMOUNT
8			12				

TOTAL BENEFITS TRANSFERRED	
\$	13

**TAXES**

REC #	BU	ORG	ACTIVITY (8)	ACCNT(5)	A/U	CODE	AMOUNT
8			12			E Q U	24
						23	

REC #	BU	ORG	ACTIVITY (8)	ACCNT(5)	A/U	CODE	AMOUNT
8			12				

TOTAL TAXES TRANSFERRED	
\$	14

Totals to be transferred	
	25

EXPLANATION	15	Requested by	16	EXT	17	TOTAL \$	18
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