

PAYROLL REALLOCATION FORM

ALL FIELDS MUST BE FILLED OUT OR FORM WILL BE RETURNED

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

EMPLOYEE NAME:		EMPLOYEE ID:		PAY GROUP:		DATA ENTERED BY:		CONTROL NUMBER:	
TIME PERIOD COVERED: FROM: TO:		PREPARED BY:		EXT:	DATE:	QUARTER: IN OUT	DATE:	PAY PRD PROCESSED:	

EARNINGS

REC #	FROM CHARTFIELD (CREDIT)				
#	BU	ORG	ACTIVITY(8)	ACCNT(5)	A/U

REC #	TO CHARTFIELD (DEBIT)				
#	BU	ORG	ACTIVITY(8)	ACCNT(5)	A/U

TOTAL EARNINGS	% OF EARNINGS TO BE TRANSFERRED	TOTAL EARNINGS TO BE TRANSFERRED
	%	

DEDUCTIONS & TAXES

REC #	FROM CHARTFIELD (CREDIT)				
#	BU	ORG	ACTIVITY(8)	ACCNT(5)	A/U

REC #	TO CHARTFIELD (DEBIT)				
#	BU	ORG	ACTIVITY(8)	ACCNT(5)	A/U

TOTAL DED & TAX	% OF DED & TAX TO BE TRANSFERRED	TOTAL DED & TAX TO BE TRANSFERRED
	%	

EXPLANATION: _____

REQUESTED BY:	EXT:	DATE:
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TOTAL REALLOCATION	
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ALL FIELDS ABOVE MUST BE FILLED OUT OR FORM WILL BE RETURNED

All areas below must be filled out by the submitting department or form will be returned

Combined totals will match the total reallocation \$ amount above

EARNINGS	DEDUCTIONS	TAXES																																																																
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