



Payroll Redistribution Form

TO: **Budget Office**

Employee Name _____ SSN _____

Position Number _____ (required for faculty & classified staff)

Change labor distribution on job permanently? Yes No, one-time only

One month per line. If more space is needed, please use another form.

Old Distribution:

Pay Mo/Yr	Old Index	Acct	Monthly Amount

New Distribution:

Pay Mo/Yr	New Index	Acct	Monthly Amount

NOTE: After these adjustments have been made and have posted to FIS, please check for any remaining OPE (Acct. code 10901), and adjust any leftover amounts with a Journal Voucher entry into FIS.

If you have any questions, please call Budget x23031.

Prepared by: _____ Phone: _____

Approved by: _____ Date: _____
Unit Director/Dean

For Office Use Only			
Budget approval _____	Date Rec'd in Payroll _____	NBAJOBS <input type="checkbox"/>	PHAREDS <input type="checkbox"/> NHIDIST <input type="checkbox"/>