

Payroll Redistribution Form

To: Budget Office

Employee Name: _____ ID#: _____

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	Old Acct #	Monthly Percentage

New Distribution:

Pay Mo/Yr	New Index	New Acct #	Monthly Percentage

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 x 23031

Prepared by: _____ Phone: _____

Approved by: _____ Date: _____

For Office Use Only				
Budget Approval _____	Date Rec'd in Payroll _____	NBAJOBS	PHAREDS	NHIDIST