

PAYROLL REALLOCATION FORM

Employee to be adjusted: _____

Employee Identification Number _____

Position Number _____

Type of assignment (regular, adjunct, overload, additional, temporary, student)

Salary **was** charged to organization number: ____ - _____ - _____

Salary **should be** charged to organization number: ____ - _____ - _____

Total dollar amount of adjustment:

Salary \$ _____

Fringes \$ _____

List a detail list of the salary by pay period that is to be adjusted:

Paydate	Pay Period Beginning and Ending Date	Amount

Approval of Supervisor:

Name _____ Date _____

Title _____

Forward this form to Finance and Planning, 502 Cohodas