



# Payroll Labor Redistribution Form

This form is to transfer university and/or grant salary expenses that have been paid, to a different FOAPAL(s). No PA Form is required.

This form cannot be used when Foundation FOAPAL's are involved.

Contact Name: \_\_\_\_\_  
Department or Grant Name: \_\_\_\_\_

Current Date: \_\_\_\_\_  
Department Phone Number: \_\_\_\_\_

M Number: \_\_\_\_\_ Name: \_\_\_\_\_

Paid: \_\_\_\_\_ Biweekly \_\_\_\_\_ Monthly Payroll Number(s): \_\_\_\_\_ To \_\_\_\_\_

Pay Period Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
\*Must be in current fiscal year      \*\*If a grant is involved, must be within 90 days of the expense

Position Number: \_\_\_\_\_

### Original Earnings Labor Distributions:

(Complete only 1 field from Gross Earnings, Hours, or Percent for each FOAPAL)

Gross Earnings	or Hours	or Percent	COA	Fund	Org	Account	Program
\$ _____	hrs _____	% _____	1				
\$ _____	hrs _____	% _____	1				
\$ _____	hrs _____	% _____	1				

### New Debit Earnings Labor Distributions:

(Complete only 1 field from Gross Earnings, Hours, or Percent for each FOAPAL)

Gross Earnings	or Hours	or Percent	COA	Fund	Org	Account	Program
\$ _____	hrs _____	% _____	1				
\$ _____	hrs _____	% _____	1				
\$ _____	hrs _____	% _____	1				

Comments:

### Signatures Required:

\_\_\_\_\_  
Original Account Manager Date

\_\_\_\_\_  
New Debit Account Manager Date

\_\_\_\_\_  
Grants Accountant Date  
(if either FOAPAL is a grant)

**After final signature, please forward to the Payroll Office - 200 Sparks Hall.  
For questions call 4129.**

### For Accounting Use Only

LR#: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date \_\_\_\_\_

PR#'s: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date \_\_\_\_\_

PR Year: \_\_\_\_\_ Fed to Finance: \_\_\_\_\_ Date \_\_\_\_\_