

Salary Redistribution Request

FOR DEPARTMENTAL USE ONLY - DO NOT SUBMIT

						Use	this form for retroa	ctive redistribut	ion of salary onl
EMPLOYEE	INFORMATIC	N		Date					
Full Name				Pay I	D (select one)	MN	BW		
Banner ID				Posit	ion Number				
				CURI	RENT				
Index	Fund	Orgn	Account	Program	Activity	Percent	Amount	Pay Period *	Earnings Code **
				CHAN	CE TO				
Index	Fund	Orgn	Account	Program	Activity	Percent	Amount	Pay	Earnings
								Period *	Code **
** Earnings C If labor distrib Request for s If redistribution prior to subm	www.memphis codes can be for pution reports realary redistribition affects anothitisting request.	s.edu/payroll/s ound at https reflect multiple ution must be her account y	within 90 caler ou do not have	for biweekly an his.edu/program entries for one adar days of init signature auth	d monthly payro mguides/hr/earr pay period for a tial charge, and ority on, you me	nings.php. an individua occur in cu ust obtain a	s. al, enter each on errent Fiscal Year pproval from all f	inancial mana	gers affected
Signature of	Chair and Dea	n required wh	nen redistributio	n exceeds 90 o	calendar days o	f initial char	to changes in red ge. tribution request	•	ed Ledger 5
Department	Chair:			С	ean:				
Signature		 Date		_	ianature		 Date	_	

Redistribution Request Fo	orm			
Principal Investigator:		Grants & Contracts Ac	counting:	
Signature	 Date	Signature		

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