

# Labor Distribution Reallocation Form



Department Name: \_\_\_\_\_

Department Index: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

CHARGE		CREDIT		Earning Code	AMOUNT*	PAY ID**
POSITION	INDEX	POSITION	INDEX			CALENDAR YEAR / PAY PERIOD

\* The reallocation amount may not exceed the amount actually charged for the employee in the pay period identified, but may be for a partial amount. If only a partial amount is to be reallocated, please indicate that along with the reason for the reallocation below.

\*\* Identify the calendar year/pay period for which the transaction is being corrected, i.e. 2007/BW26, 2008/MN101. The calendar year may be different than the fiscal year.

**Justification for Reallocation:** An acceptable justification for reallocation request must be identified.

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**PRINT FORM, ATTACH BACK-UP, SIGN, AND SUBMIT TO MS 3175, PAYROLL DEPT.**

Please print the name and extension of the person who can answer questions regarding this form:

\_\_\_\_\_

Approval Signature and Date

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