Payroll Redistribution Request Form

MIDDLE TENNESSEE STATE UNIVERSITY

Employee Name _____

Banner ID Number (*M Number*) **M**

Employee Type (*please "x"*) **Faculty/Administrative/Coach/GA** **(MN)** ☐
Classified/Temp Hourly/Student **(MH)** ☐

Payroll Period/Month(s) to be redistributed _____

Redistribution may be processed as a percentage or as a dollar amount; it is not necessary to enter both on this form. Example: to change the percentage of earnings charged to a particular index/indexes, enter the % for each Old and New index; to move a set dollar amount from an index/indexes to another index/indexes, enter that amount in the $ field of the Old and New sections below. If you need more lines for multiple indexes than are listed below, please write them in manually. **The position number will not change on a redistribution even if you have set up a new, corrected one for the employee. The employee will be in the new position for future payroll periods if you have submitted correcting PEF.** Benefits will be moved automatically with labor redistributions and do not need to be entered on this form. If you need to change any FOAPAL element other than the Index or Account*, please contact Marie Davis at 898-5129 prior to completing the form.

* Account number normally does not change on a redistribution; if you think you need to change one, please call before completing form. A budget revision may be neccessay instead of a redistribution.

Redistribution From (Old)

Position Number _____

_____ % or $ _____ Index _____ Account _____

_____ % or $ _____ Index _____ Account _____

_____ % or $ _____ Index _____ Account _____

_____ % or $ _____ Index _____ Account _____

Redistribution To (New)

_____ % or $ _____ Index _____ Account _____

_____ % or $ _____ Index _____ Account _____

_____ % or $ _____ Index _____ Account _____

_____ % or $ _____ Index _____ Account _____

Please give a brief explanation of the reason for the requested change.

Completed by _____
(please print)

*Approved by _____
*authorizing signature of the budgetary head of the index to which the charge will be moved is required

Phone Number _____

Date _____

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