

# Payroll Redistribution Request Form

Employee Name \_\_\_\_\_

Banner ID Number (M Number)

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 Becky Milliken at 615-898-5129 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 necessary 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 \_\_\_\_\_