REQUEST FOR TRANSFER OF PAYROLL COSTS

2/10/1999

TO: University Payroll Services

Pay Date _____ Cancel Vhr # _____ Pay Type C

Repay Vhr # 0498 Pay Type A

Payroll Use Only

FROM: Dept. _____ Contact Person _____ Tel. # _____

PART I

SSN:

PART II

Periods

Cycle	Date Paid	Vhr #

Cycle	Date Paid	Vhr #

Cycle	Date Paid	Vhr #

PART III

	Part	Acct #	Sup Acct	Pj/ Pg	Accounting Analysis	Obj Code	Title Code	Percent to Be Moved
From								n/a
To								

_____
Gross to be Moved

PART IV **REASON FOR THE TRANSFER:** _____

PART V

I certify that I am acquainted with the employee(s) listed on this payroll transfer request or that I have received necessary details from persons privy to and technically qualified to substantiate effort distribution. And that to the best of my knowledge and belief that the requested distribution of pay between departments and projects is correct and properly represented by the percentage of effort indicated unless subsequent notice is given by me. This statement is issued as the after-the-fact certification for grants and contracts, unless I contact the payroll office of any changes.

APPROVAL

DATE _____

_____
DEPT HEAD, DEAN OR DESIGNEE

APPROVAL

_____
DEPT HEAD, DEAN OR DESIGNEE