# THE UNIVERSITY OF MEMPHIS®

# Salary Redistribution Request

Use this form for retroactive redistribution of salary only.
Submit Completed Form to Grants & Contracts Accounting, Administration Bldg., Room 263

## EMPLOYEE INFORMATION

Date      Full Name      Pay ID (select one)    MN    BW

Banner ID      Position Number

### CURRENT

| Index | Fund | Orgn | Account | Program | Activity | Percent | Amount | Pay Period * | Earnings Code ** |
|-------|------|------|---------|---------|----------|---------|--------|--------------|------------------|
|       |      |      |         |         |          |         |        |              |                  |

### CHANGE TO

| Index | Fund | Orgn | Account | Program | Activity | Percent | Amount | Pay Period * | Earnings Code ** |
|-------|------|------|---------|---------|----------|---------|--------|--------------|------------------|
|       |      |      |         |         |          |         |        |              |                  |

\* Pay Period Numbers range from **1-26 for Biweekly and 1-12 for Monthly.**
  Go to http://bf.memphis.edu/finance/payroll/schedules.php for biweekly and monthly payroll schedules.

\*\* Earnings Codes can be found at http://bf.memphis.edu/spectrum/hr/earnings.php.

*If labor distribution reports reflect multiple account code entries for one pay period for an individual, enter each on a separate line.*
*Request for salary redistribution must be within 90 calendar days of initial charge, and occur in current Fiscal Year.*
*If redistribution affects another account you do not have signature authority on, you must obtain approval from all financial managers affected prior to submitting request.*

Explain why salary was charged incorrectly. Provide reason for salary redistribution, and how costs are allowable and allocable to the project:

**Approvals:**
Signature of Chair required when redistribution decreases Ledger 5 and increases Ledger 2, due to changes in recovery.
Signature of Chair and Dean required when redistribution exceeds 90 calendar days of initial charge.
Signature of Principal Investigator and Grants & Contracts Accounting required when salary redistribution request affects restricted Ledger 5 accounts.

Department Chair:      Dean:

_____      _____
*Signature*      *Date*      *Signature*      *Date*

Principal Investigator:      Grants & Contracts Accounting:

_____      _____
*Signature*      *Date*      *Signature*      *Date*

By signing above, the Principal Investigator certifies the cost transferred is an appropriate expenditure for the sponsored agreement charged, and the expenditure complies with the terms and restrictions governing the sponsored agreement.

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