Youngstown State University

Payroll Transfer/Labor Redistribution Request

Request Date: [ ]   **Pay Check Date(s)**: [ ]

Employee Name: [ ]   **Banner ID**: Y [ ]

If there is more than one person on the same transfer, attach a separate list with the individuals' names, Banner IDs, pay amounts and pay check dates.

To/From T or F	FUND (6 digits)	ORGN (6 digits)	ACCOUNT (6 digits)	PROGRAM (2 digits)	AMOUNT
Example F	9 9 9 9 9 9	9 9 9 9 9 9	9 9 9 9 9 9	9 9	$ 9,999
					$
					$
					$
					$
					$
					$

Reason: [ ]

INSTRUCTIONS

1. "*Reason*" for transfer should be as detailed as possible. Include affected earnings codes if known.
2. Attach related documentation if appropriate (i.e. - appointment form, contract, etc.).
3. Sign, date and send form to appropriate office for approval
   (Grants Accounting for grant corrections; Human Resources for all others)

_____   _____
Request Originator (*Signature*)   Date

_____   _____
Financial Manager (**if applicable**) (*Signature*)   Date

HR use only Processed by:	Payroll use only Processed by:
Date:	Date:

Approved by: _____   _____
                     (*Signature*)   Date