Labor Expense Redistribution Form

Name _____ Department _____

Employee ID #: _____ Department Cost Center ID: _____

Link to Log

Reason: _____

Distribution of 60 or less (by percentage)

Approved by _____ Fiscal Year _____

Period Start-End Dates (Type)	Position ID	Pay Component Code	Credit Cost Center ID	Credit Function	Credit Fund	Credit Grant, Gift, Proj, Prog or Spec	Credit Contract	Credit Activity Code	Transfer Amount	Debit Code	Debit	Debit	Debit	Debit	Debit
Page Total									-						

Rev. 07/13/21

I hereby certify that the information provided is accurate.

Approved by: Approved by:

J

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Signature Approval