

# 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) ☐

If this Payroll Redistribution involves a Grant Index, the form must be approved by ORSP before submission to HRS. You may contact them by email: [research@mtsu.edu](mailto:research@mtsu.edu) or [research2@mtsu.edu](mailto:research2@mtsu.edu)

Payroll Period/Month(s) to be Redistributed \_\_\_\_\_

A redistribution may be processed as a percentage or as a dollar amount; it is not necessary to enter both on this form. For example: to change the percentage of earnings charged to a particular index/indexes, enter the percentage in the % field for each Old and New Index and Account; to move a set dollar amount of earnings charged to a particular index/indexes, enter the dollar amount in the \$ field for each Old and New Index and Account. If you need more lines than provided below, please write in the required information. **The position number will not change on a redistribution even if a corrected position number is established for the employee. The employee will be in the corrected position number for future payments after correcting paperwork is submitted to HRS.** Benefits are automatically moved 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 Ashley White at 615-898-5390 prior to completing the form.

\* An Account Number does not normally change on a redistribution; if you think a change needs to be made to an Account Number, please call before completing this 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 _____

## Redistribution To (New)

_____ % 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 \_\_\_\_\_