## Labor Expense Redistribution Form

### Fields
- **Worker Name:**
- **Department Name:**
- **Employee ID #:**
- **Department Cost Center ID:**
- **Assignee (if applicable):**
- **Fiscal Year:**

### Table
<table>
<thead>
<tr>
<th>Period (MN or BW)</th>
<th>Payment Month Number **</th>
<th>Position ID</th>
<th>Pay Component Code</th>
<th>Credit Fund</th>
<th>Credit Function</th>
<th>Credit Cost Center</th>
<th>Credit Grant, Gift, Proj, Prog or Spec</th>
<th>Credit Contract</th>
<th>Credit Activity Code</th>
<th>Ledger Amount</th>
<th>Debit Fund</th>
<th>Debit Function</th>
<th>Debit Cost Center</th>
<th>Debit Grant, Gift, Proj, Prog or Spec</th>
<th>Debit Contract</th>
<th>Debit Activity Code</th>
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</table>

### Notes
- **Page Total**

*The reallocation amount cannot exceed the amount actually charged for the employee in the pay period identified, but may be for a partial amount.

**Identify the pay period for which the transaction is being corrected. Biweekly Pay ID=BW, Monthly Pay ID=MN, Pay Numbers range from 1-26 for Biweekly and 1-12 for Monthly.

If labor distribution reports reflect multiple entries for one pay period for an individual, each entry must be reallocated on a separate line.

An acceptable justification for the reallocation request must be identified. A detailed justification is required for Sponsored Programs.

**Justification:**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**Approval Signature:** ___________________________ **Printed Name:** ___________________________ **Date:** ________________

**Account Administrator:** ___________________________ **Printed Name:** ___________________________ **Date:** ________________

**Commitment Office:** ___________________________ **Printed Name:** ___________________________ **Date:** ________________

**Payroll Services:** ___________________________ **Printed Name:** ___________________________ **Date:** ________________