

Direct Retro Funding Distribution

Employee Name:		Empl ID:	Empl Rcd#:
Position Number:	Department:	Job Description:	

Fiscal Year: _____

Transfer From:

	Pay End Date	Pay Run ID	Earnings Code	Fund	Dept ID	Program	Project	Account	Earnings
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

\$ _____

Transfer To:

	Pay End Date	Pay Run ID	Earnings Code	Fund	Dept ID	Program	Project	Account	Earnings
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Requestor's Comments:

\$ _____

Transfer Initiated By: _____

Signature: _____

Date: mm/dd/yyyy

Additional Approver: _____

Signature: _____

Date: mm/dd/yyyy

For Office Use Only

Processed By: _____

Date: _____