

# Payroll Redistribution Request Form

**Employee**

Name: \_\_\_\_\_

Banner ID: \_\_\_\_\_

Pay Period(s): \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

[YSU Payroll Calendars](#)

Note: BW pay should have hours subtracted/added unless special consideration is required. SM pay should have dollars subtracted/added unless special consideration is required. Contact Grants Accounting with any questions.

From				
Fund	Organization	Account	Program	Hours/\$ Subtracted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
			FROM TOTAL	_____

To				
Fund	Organization	Account	Program	Hours/\$ Added
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
			TO TOTAL	_____

Reason for payroll redistribution must be documented in Cost Transfer Request form (page 2 of this form)

From PI/FM\* Name printed: \_\_\_\_\_

To PI/FM\* Name printed: \_\_\_\_\_

From PI/FM\* Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To PI/FM\* Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send email with completed documents to [grantsacct@ysu.edu](mailto:grantsacct@ysu.edu)

Grants Accounting approval: \_\_\_\_\_

Date: \_\_\_\_\_

\*PI=Principal Investigator \*FM=Financial Manager

# Cost Transfer Request: Payroll Redistribution Justification



1 Why was this expense originally charged to the FOAP(s) from which it is now being transferred?

2 Why should the expense be transferred to the proposed receiving project (i.e., how does the project benefit from the expense)?

3 Is this cost transfer submitted within 90 days from the end of the calendar month in which the transaction first appeared?

Yes       No

If no, please explain the extenuating circumstances for this late transfer.

What corrective action has taken place to avoid this type of cost transfer in the future?

4 Has related effort already been certified?

Yes       No       N/A, "From" fund is not federal       N/A, Timesheet employee

5 Why are you making this payroll cost transfer? (Choose one)

Correct error       Late award  
 Effort correction       Other

**I certify that the above information is true and accurate.**

PI/FM\* name (printed): \_\_\_\_\_

PI/FM\* signature: \_\_\_\_\_

Date: \_\_\_\_\_