

UNIVERSITY OF CENTRAL OKLAHOMA  
REDISTRIBUTION REQUEST FORM

BANNER ID	LAST NAME	FIRST NAME	TOTAL AMOUNT	PAYROLLS AFFECTED
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> CHANGE FOR ALL FUTURE PAYROLLS				<input style="width: 100%;" type="text"/>
				<input style="width: 100%;" type="text"/>
				<input style="width: 100%;" type="text"/>
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				<input style="width: 100%;" type="text"/>
				<input style="width: 100%;" type="text"/>

CHECK PAYROLL ID

- MONTHLY
- BIWEEKLY
- STUDENT

FROM

FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

TO

FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

REASON

	REQUESTED BY (PRINT NAME)	SIGNATURE
Current Date	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>