

Labor Redistribution Form

ULM Controller's Office - Payroll Accounting

NAME: _____

CWID: _____

LABOR Used For Payment on Payroll Action Form/ Timesheet/Request Form

| % | INDEX | FUND | ORGN | PROG | ACCT | AMOUNT TO TRANSFER |
|---|-------|------|------|------|------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

LABOR SWITCH TO:

| % | INDEX | FUND | ORGN | PROG | ACCT | AMOUNT TO TRANSFER |
|---|-------|------|------|------|------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Please attach supporting documentation.

Applicable Payroll Period(s): _____ BW or _____ B1 (Select One)

| |
|----------------------|
| Payroll # or Date(s) |
| Requestor: |
| Date: |

| |
|--|
| For Controller's Office Use – Payroll Accounting: |
| Post Date: |
| Processor: |
| Processed Date: |
| Additional Info: |