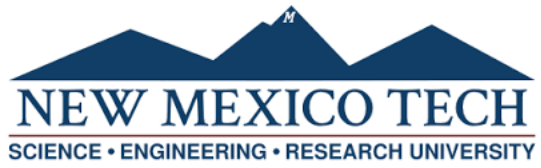


Requestor: _____
 Department: _____
 Phone: _____
 Fax: _____



Payroll Accounting Distribution Order

Employee	Employee Position #	Banner ID	Effective Date
Current Distribution (INDEX & FUND ONLY)	New Distribution		Fund Termination Date*
_____ %	_____ %	_____ %	_____
_____ %	_____ %	_____ %	_____
_____ %	_____ %	_____ %	_____
_____ %	_____ %	_____ %	_____
_____ %	_____ %	_____ %	_____
_____ %	_____ %	_____ %	_____

*If termination date entered, use below lines to list the next distribution. Make sure term and start dates coincide with end and start of pay periods. No changes can be made in the middle of a pay period.

2. Second Distribution	New Distribution
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %

_____ Signature of Employee	_____ Date	_____ Department/Division Head	_____ Date
_____ P.I./Project Manager	_____ Date	_____ Sponsored Projects/Restricted Funds (More than Two Letters on Funds)	_____ Date
_____ R&ED or Academic Affairs	_____ Date	_____ Budget & Analysis	_____ Date

*(Only needed if Fund is Two Letters or Less)

Payroll Use Only: Entered By: _____ Verified By: _____