

**REALLOCATION REQUEST – For Labor
NON-GRANT RELATED ONLY**

EMPLOYEE NAME: _____ T#: _____

EMPLOYEE TYPE: Full Time: Part Time: GA: Adjunct: Student:

Payroll Month/Year of labor to be reallocated: _____
(MM/YYYY)

Amount of Labor to be reallocated: \$ _____

FOAPAL to charge expenses
(move the expense to this account)

FOAPAL to move expense
(take the expense charge out of this account)

Index: _____

Index: _____

Fund: _____

Fund: _____

Org: _____

Org: _____

Account: _____

Account: _____

Program: _____

Program: _____

Activity: _____

Activity: _____

Administrative Approval: _____ Date: _____