

UTAH STATE UNIVERSITY/ HUMAN RESOURCES SYSTEM

Reallocation Transactions

Employee:		Prepared by:		Phone:	Date:
Employee ID:		Controllers Office Accountant:			Date:
*Pay ID:	Year:	**Begin Pay Period:	End Pay Period:	Position Number:	

From:				To:					
Index:	Account:	Fund:	Orgn:	** Month Paid:	Amount:	Index:	Account:	Fund:	Orgn:

PAGE Total:

*Pay ID:			**Pay Month:	
GA = Grad Asst	SA = Salary		See Next Page	
GA = Grad Asst Supplemental	SS = Salary Supplemental	HX= Hourly Semi-Monthly		

Unless otherwise noted this reallocation is for the payment of salary in the month indicated for the above noted individual and represents this persons effort based on a current review.

COMMENTS: _____

I certify that reallocations are correct and represent a fair distribution of costs for the effort expended by the employee, the costs are allowable and funds are available.

Principal Investigator or Responsible Official: _____	Date _____	Dept. Head or Director: _____	Date _____
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(NOTE: Dept. Head/Director signature is required when the amount exceeds \$1,000 or when it has been more than 60 days since the original entry.)

****Pay Month**

For Pay ID:

GA, GS, SA, AND SS

Use the following for Pay Month:

**Pay Month
Being Adjusted**

December	=	01
January	=	02
February	=	03
March	=	04
April	=	05
May	=	06
June	=	07
July	=	08
August	=	09
September	=	10
October	=	11
November	=	12

For Pay ID:

HX

Use the following for Pay Month:

Pay Time Period being Adjusted

December	16-31	=	01	June	16-30	=	13
January	01-15	=	02	July	01-15	=	14
January	16-31	=	03	July	16-31	=	15
February	01-15	=	04	August	01-15	=	16
February	16-28	=	05	August	16-31	=	17
March	01-15	=	06	September	01-15	=	18
March	16-31	=	07	September	16-30	=	19
April	01-15	=	08	October	01-15	=	20
April	16-30	=	09	October	16-31	=	21
May	01-15	=	10	November	01-15	=	22
May	16-31	=	11	November	16-30	=	23
June	01-15	=	12	December	01-15	=	24