

LABOR CORRECTION (Redistributions)

BSU ID Number: _____ Position Number and Suffix _____ - _____

Employee Name: _____

From Payroll Date or Number _____ To Payroll Date or Number _____

Labor Change	%	\$ Amt	INDEX	FUND	ORG	ACCT	PROGRAM
INCORRECT (Old)							
INCORRECT (Old)							
CORRECT (New)							
CORRECT (New)							
CORRECT (New)							
CORRECT (New)							

Notes: _____

BSU ID Number: _____ Position Number and Suffix _____ - _____

Employee Name: _____

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Labor Change	%	\$ Amt	INDEX	FUND	ORG	ACCT	PROGRAM
INCORRECT (Old)							
INCORRECT (Old)							
CORRECT (New)							
CORRECT (New)							
CORRECT (New)							
CORRECT (New)							

Notes: _____

Name of Employee Completing this form: _____

Department Approval _____ Date _____

Budget Director/Representative Approval _____ Date _____

Contact Payroll & Employee Benefits at 285.8461 with questions concerning this form.

<p><i>Payroll Office Use Only:</i></p> <p>Received _____ Processed by _____ On _____</p>
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