

**REALLOCATION REQUEST – For Benefit Expenses Only
NON-GRANT RELATED ONLY**

EMPLOYEE NAME: _____ T#: _____

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

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

Amount to be reallocated:

Other retirement codes (if needed):

Retirement 62105: _____

62110 _____

62210 _____

FICA 62300: _____

62001 _____

62220 _____

Medicare 62400: _____

62003 _____

62222 _____

Insurance 62500: _____

62002 _____

62221 _____

401K 62910: _____

62205 _____

62200 _____

Other 62950: _____

**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: _____

Program: _____

Program: _____

Activity: _____

Activity: _____

Administrative Approval: _____ Date: _____