

### Direct Retro Funding Distribution

Employee Name:		Empl ID:	Empl Rcd#:
Position Number:	Department:	Job Description:	

Fiscal Year: \_\_\_\_\_

**Transfer From:**

	Pay End Date	Pay Run ID	Earnings Code	Fund	Dept ID	Program	Project	Account	Earnings
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

\$ \_\_\_\_\_

**Transfer To:**

	Pay End Date	Pay Run ID	Earnings Code	Fund	Dept ID	Program	Project	Account	Earnings
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

\$ \_\_\_\_\_

Transfer Initiated By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: mm/dd/yyyy

Additional Approver: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: mm/dd/yyyy

**For Office Use Only**      Processed By: \_\_\_\_\_ Date: \_\_\_\_\_