

Arkansas State University
Labor Redistribution Request Form

Employee ASU ID _____ Employee Name _____
 Dept./College _____ Dept. Contact _____
 Dept. Phone _____

Requested Distribution						
FUND	ORGN	ACCT	PROG	EFFECTIVE DATES*		% TO BE PAID
				From	To	
Total						

Current Distribution						
FUND	ORGN	ACCT	PROG	EFFECTIVE DATES		% TO BE PAID
				From	To	
Total						

*This form should only be used for the period that we are certifying. For example, if we are certifying for the Summer, we can only use the dates May 16 through August 15. If you would like to reallocate or make changes for current or future periods, please use the HR forms located on their website.

Notes