Psychology Department
Labor Redistribution Form

Requestor: _____ **UNM Phone:** _____

Date: _____ **Org Code:** _____

Employee Name: _____ **Department:** _____

Banner ID#: _____ **Account Code:** _____

Original Transaction INDEX	Original $ Amount of Transaction	$ Amount to be moved	Pay Period*	Transaction Date	Move to INDEX for Transaction	Amount to move	Date Processed	Date posted	Comments:
				0					
				0					

***Business Purpose (required):**

Signature of Requestor: _____

FOR ALL RESTRICTED INDEXES: If the date of this request is more than 90 days after the date of the original transaction, fill out a 90 day memo and obtain the signature of your Dean or Director. This is required per UNM Policy 2450 "Cost Transfers".

Financial Services USE ONLY

Disapproved: _____ Approved: _____

Reason: Document #: _____