

# UNIVERSITY OF NEBRASKA AT OMAHA

## Payroll Transfer

**General Information (Completed by Department)**

Faculty/Staff Name: \_\_\_\_\_ Personnel Number: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Pay Periods Covered by Transfer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  Monthly  Bi-Weekly

Reason for Transfer: \_\_\_\_\_

### Original Distribution of Salary/Wages

Completed by Department									
Position Number	Cost Center/ WBS Element	G/L Account	Amt Paid	Benefits					Total Transfer
				519100 Retirement	519200 FICA	519300 Health	519400 Life Ins	519800 Work Comp	
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
Total			-	Total			Total		0.00

### Proposed Distribution of Salary/Wages

Completed by Department									
Position Number	Cost Center/ WBS Element	G/L Account	Amt Paid	Benefits					Total Transfer
				519100 Retirement	519200 FICA	519300 Health	519400 Life Ins	519800 Work Comp	
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
									0.00
Total			-	Total			Total		0.00

Prepared by: \_\_\_\_\_ Name \_\_\_\_\_ Campus Phone No. \_\_\_\_\_ Date Prepared \_\_\_\_\_

**Completed by Grants Accounting**

FI Document \_\_\_\_\_ Date Posted \_\_\_\_\_ Entered By \_\_\_\_\_