

DEPARTMENT		TELEPHONE EXT.
PROCESS IN	ACCOUNTING OFFICE REV.	CAMPUS



**PAYROLL/PERSONNEL  
LEAVE ACCRUAL  
TRANSFER  
UPAY807 (R8/97) R1138**

EMPLOYEE ID (PPP5302)	TRAN CODE	TRANSFER FROM											TRANSFER TO								
		LOC	ACCOUNT	COST CTR	FUND	PROJECT	SUB	LOC	ACCOUNT	COST CTR	FUND	PROJECT	SUB								
1	9	12	13	18	19	22	23	27	28	33	34	42	43	48	49	52	53	57	58	63	64
	<b>TL</b>																				

LEAVE (VACATION) HOURS	HOURLY PAY RATE	TITLE CODE	ACCRUED THROUGH	R C							
72	76	77	83	84	87	88	MM	DD	YY	93	94
											<b>C</b>

EMPLOYEE NAME	

EMPLOYEE ID (PPP5302)	TRAN CODE	TRANSFER FROM											TRANSFER TO								
		LOC	ACCOUNT	COST CTR	FUND	PROJECT	SUB	LOC	ACCOUNT	COST CTR	FUND	PROJECT	SUB								
1	9	12	13	18	19	22	23	27	28	33	34	42	43	48	49	52	53	57	58	63	64
	<b>TL</b>																				

LEAVE (VACATION) HOURS	HOURLY PAY RATE	TITLE CODE	ACCRUED THROUGH	R C							
72	76	77	83	84	87	88	MM	DD	YY	93	94
											<b>C</b>

EMPLOYEE NAME	

EMPLOYEE ID (PPP5302)	TRAN CODE	TRANSFER FROM											TRANSFER TO								
		LOC	ACCOUNT	COST CTR	FUND	PROJECT	SUB	LOC	ACCOUNT	COST CTR	FUND	PROJECT	SUB								
1	9	12	13	18	19	22	23	27	28	33	34	42	43	48	49	52	53	57	58	63	64
	<b>TL</b>																				

LEAVE (VACATION) HOURS	HOURLY PAY RATE	TITLE CODE	ACCRUED THROUGH	R C							
72	76	77	83	84	87	88	MM	DD	YY	93	94
											<b>C</b>

EMPLOYEE NAME	

OTHER EXPLANATORY INFORMATION

RETN: ACCOUNTING: 5 YRS SUBJECT TO CONTRACT  
AND GRANT REQUIREMENTS  
OTHER COPIES: 0-5 YRS

DEPARTMENTAL	FED. CONTRACT AND GRANT
Departmental payroll and time records have been corrected to support and justify the above adjustments including those necessary to support Federal Contracts and Grants reporting requirements.	Approval signatures must be Principal Investigator, Department Chairperson or other academic official.
AUTHORIZED SIGNATURE _____ DATE _____	AUTHORIZED SIGNATURE _____ DATE _____
AUTHORIZED SIGNATURE _____ DATE _____	AUTHORIZED SIGNATURE _____ DATE _____
AUTHORIZED SIGNATURE _____ DATE _____	AUTHORIZED SIGNATURE _____ DATE _____
<b>For Accounting Office Review and Approval</b>	SIGNATURE _____ TITLE _____ DATE _____