

DATE: _____

TRANSACTION#: _____



STEWARD OBSERVATORY BUSINESS OFFICE
DISTRIBUTION REQUEST FORM



REQUESTED BY: _____

NON-STEWARD / DEPT: _____

EMPLOYEE NAME: _____

EMPLOYEE TYPE: STAFF/APP STUDENT FACULTY GRAD POSTDOC

EMPLOYEE ID: _____ POSITION#: _____

DISTRIBUTION

DISTRIBUTION TYPE: REGULAR ROLLOVER GRAD FORM SUPP COMP

P/R EFFECTIVE DATE: _____ - _____ SALARY EXPENSE TRANSFER (SET) NEEDED
START DATE END DATE

BUSINESS/RESEARCH PURPOSE: (ENTERED INTO UACCESS EMPLOYEE)

ACCOUNT	UNIT	SUB ACC/ PROJECT CODE	DISTRIB. %	FISCAL OFFICER APPROVAL
TOTAL:				

PAYROLL GROUP: _____

PI / DELEGATE
APPROVAL: _____ ATTACHED

PI / DELEGATE
APPROVAL: _____ ATTACHED

PI / DELEGATE
APPROVAL: _____ ATTACHED

PI / DELEGATE
APPROVAL: _____ ATTACHED

PI / DELEGATE
APPROVAL: _____ ATTACHED

PI / DELEGATE
APPROVAL: _____ ATTACHED

PI / DELEGATE
APPROVAL: _____ ATTACHED

PI / DELEGATE
APPROVAL: _____ ATTACHED

ADDITIONAL NOTES: (INTERNAL / NOT ENTERED INTO UACCESS EMPLOYEE)

APPROVED IN UACCESS EMPLOYEE: _____
INITIAL DATE

ENTERED IN CAYUSE: _____
INITIAL DATE