



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
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PI / DELEGATE
APPROVAL: _____
ATTACHED

PI / DELEGATE
APPROVAL: _____
ATTACHED

PI / DELEGATE
APPROVAL: _____
ATTACHED

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