

Established Position Payroll Distribution

Position # _____ Fiscal Year _____
 Position Title _____
 Employee _____

Annual Salary _____

Date Posted _____

Effective Date ____ / ____ / ____

	Organization	Account	Percent	Prorated Salary	Begin Date*	End Date*
1.	_____	- _____	____.____ %	\$ _____	____ / ____ / ____	____ / ____ / ____
	Orgn Name	_____		Financial Manager's Signature	_____	
2.	_____	- _____	____.____ %	\$ _____	____ / ____ / ____	____ / ____ / ____
	Orgn Name	_____		Financial Manager's Signature	_____	
3.	_____	- _____	____.____ %	\$ _____	____ / ____ / ____	____ / ____ / ____
	Orgn Name	_____		Financial Manager's Signature	_____	
4.	_____	- _____	____.____ %	\$ _____	____ / ____ / ____	____ / ____ / ____
	Orgn Name	_____		Financial Manager's Signature	_____	
5.	_____	- _____	____.____ %	\$ _____	____ / ____ / ____	____ / ____ / ____
	Orgn Name	_____		Financial Manager's Signature	_____	

Explanation _____

* Required for grant/contract funding. If blank assumed to be July 1 through June 30 and continuing year to year.

Prepared by _____
 Dept & Phone No. _____

(Submit to Finance & Planning Office when completed)