

RIT Department of Human Resources Employee Action Form

SALARY REDISTRIBUTION (Faculty, Staff, RIT Temp)

Demographic Information

Name:	Employee #:
Dept:	

Annual Salary*:	OR Hourly Rate of Pay*:
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****Salary and pay rates are only required for redistributions involving grant funding. No changes to pay rates will be made using this form.***

Effective Date	From:	To:	Proportion of Salary:
Account #			%
Account #			%
Account #			%
Account #			%
Account #			%
Account #			%
Account #			%
Account #			%
Total:			100%

Required: Default account number to be used if subsequent redistribution not processed by end date above

Account #	%
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Signatures

Completed By: Print Name		Ext.:	Date:
1 st Approval (required) Print Name			Date:
2 nd Approval (optional) Print Name			Date:
3 rd Approval (optional) Print Name			Date:

Required Signatures - Grants Only (Project Numbers that begin with 3, A-F or P)

Principal Investigator Print Name		Ext.	Date:
Accounting Representative Print Name			Date:

For SPA Use Only:

Retro Start Date: ___ / ___ / 20 ___

Initials: