Payroll Distributions - Cross College Requests

Finance and Accounting

Date: _____

Employee Name: _____

Employee/UFID Number: _____

Employee Record Number: _____

Home Department ID: _____

Earnings Code (if applicable)	Charged Department			Project End Date (mm/dd/yy)	Contingent Yes/No	Earnings Account Code (HRAC)	Percent **see note below	Distribution Beginning Date (mm/dd/yy)	Distribution End Date (mm/dd/yy)
	Dept ID	Fund	Project						

NOTE: Sufficient budget must exist in order for the 260 to be processed.
** Each Distribution period must equal to 100%

I confirm that this Payroll Distribution form supersedes any prior Payroll Distributions form sent to University Payroll Services.

Home Department **Contact Information**

Contact Name: _____

Phone: _____

Email: _____

APPROVED:
(Home Department)

_____
Dean/Director/Department Head (Typed)

_____
Dean/Director/Department Head (Signature)

Cross College Dept **Contact Information**

Contact Name: _____

Phone: _____

Email: _____

APPROVED:
(Cross College Dept)

_____
Dean/Director/Department Head (Typed)

_____
Dean/Director/Department Head (Signature)

Preferred Method of submission - BY E - MAIL:

Requirements:

1. **Form completed by Employee's primary department by proper Approving Authority.**
2. **Attach form to email and forward to cross-college Approving Authority.**
3. **Cross-college department's approval e-mailed to: distributions@admin.ufl.edu**

(please keep ENTIRE e-mail thread intact)

Alternate Method of submission – BY PAPER:

Requirements:

1. **Form completed and signed by Employee's primary department Approving Authority.**
2. **Form forwarded to cross-college Approving Authority for signature.**
3. **Completed form with both signatures returned to:**
   University Payroll Services
   PC Box 113201
   Fax: 352-846-0166

FA-PR-260PD 06/09

Reset