

# Payroll Distributions - Override Earnings

Finance and Accounting

Date: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_  
 Employee/UFID Number: \_\_\_\_\_  
 Employee Record Number: \_\_\_\_\_  
 Home Department ID: \_\_\_\_\_

Charged Department			Project End Date (mm/dd/yyyy)	Contingent Yes/No	Earnings Account Code	Benefits/Taxes Account Code	Percent ***see note below	Distribution Beginning Date (mm/dd/yyyy)	Distribution End Date (mm/dd/yyyy)
Dept ID	Fund	Project							

**NOTE: Sufficient budget must exist in order for this request 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.

**Contact Information**

Prepared by: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**APPROVED:** \_\_\_\_\_  
 (Originating Department) Dean/Director/Department Head (Typed)

\_\_\_\_\_  
 Dean/Director/Department Head  
 (Signature)

**APPROVED:** \_\_\_\_\_  
 (Contract & Grants Office) C&G Approving Authority (Typed)

\_\_\_\_\_  
 C&G Approving Authority (Signature)

<p><b>Preferred Method of submission - BY E-MAIL:</b></p> <p>Requirements:</p> <ol style="list-style-type: none"> <li>1. Form completed by Employee's primary department by proper Approving Authority.</li> <li>2. Attach form to email and forward to: distributions@admin.ufl.edu</li> </ol>	<p><b>Alternate Method of submission - BY PAPER:</b></p> <p>Requirements:</p> <ol style="list-style-type: none"> <li>1. Form completed and signed by Employee's primary department Approving Authority.</li> <li>2. Completed form returned to:                      University Payroll Services                      PC Box 113201                      Fax: 846-0166</li> </ol>
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