

G395 Wolverine Tower, 3003 South State Street Ann Arbor, Michigan 48109-1279

Fax (734) 647-3983

TM

REQUEST FOR SALARY TRANSFER

DATE:				
TO: Payroll Analyst –	Salary Transfers			
FROM: Name:				
Department:		Phone Number:		
			or normal prior period adjustment essed for all other salary transfers	
Employee Name				
UMID	MID Empl Rcd#			
Pay Date				
Employee Signature				
Earnings Code	Amount \$	FROM ShortCode	TO ShortCode	
Earnings Code	Amount \$	FROM Shortcode	10 Shortcode	
Reason for salary transfer				
Other Information:				