

**WESTERN WASHINGTON UNIVERSITY**  
**Salary/Benefit Redistribution Request Form for Prior Pay Period(s)**

This form is used to request retroactive charges only.  
 Redistributions are automatically done for Personnel Action forms with retroactive effective dates.

Date of Request _____ Department _____ Department Contact _____ Department Phone _____	<u>Payroll Services/Acctg Services</u> Posting Override Date _____ History Date _____ Keyed by _____ Date _____
<b>Acceptable to change funding only (not posn)? (Y/N)</b> _____	

ID# \_\_\_\_\_ NAME \_\_\_\_\_

**Begin:** Year \_\_\_\_\_ Pay No. \_\_\_\_\_ Start Date \_\_\_\_\_

**End:** Year \_\_\_\_\_ Pay No. \_\_\_\_\_ End Date \_\_\_\_\_

**Change From:**

Posn & Suffix #	INDEX	FUND	ORGN	ACCT	PROG	ACTV	LOCN	% or Hours
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

**Change To:**

Posn & Suffix #	INDEX	FUND	ORGN	ACCT	PROG	ACTV	LOCN	% or Hours
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

**Explanation:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Departmental Approval	Personnel Action Approval
Name: _____	Chair/Supervisor: _____
Signature: _____	Dean/Director _____
Second Signature if Required: _____	BFR (if applicable) _____
	President/Vice President _____

PAY NO. CODES			
WINTER QUARTER	SPRING QUARTER	SUMMER-VARIES	FALL QUARTER
#1 - Dec 16 - Dec 31	#7 - Mar 16 - Mar 31	#13 Jun 16 - Jun 30	#19 Sep 16 - Sep 30
#2 - Jan 1 - Jan 15	#8 - Apr 1 - Apr 15	#14 Jul 1 - Jul 15	#20 Oct 1 - Oct 15
#3 - Jan 16 - Jan 31	#9 - Apr 16 - Apr 30	#15 Jul 16 - Jul 31	#21 Oct 16 - Oct 31
#4 - Feb 1 - Feb 15	#10 May 1 - May 15	#16 Aug 1 - Aug 15	#22 Nov 1 - Nov 15
#5 - Feb 16 - Feb 28	#11 May 16 - May 31	#17 Aug 16 - Aug 31	#23 Nov 16 - Nov 30
#6 - Mar 1 - Mar 15	#12 Jun 1 - Jun 15	#18 Sep 1 - Sep 15	#24 Dec 1 - Dec 15