

Department of Human Resources
Office of Position Management
Position Actuals Transfer Form

Employee Name	EmpIID	Check #	Base Pay	XPY	SUP	Current Position	New Position	Comments

Grants Management

Department Number	Accounts affected	Credit Amount	Debit Amount

Pay periods affected

Employee Name: _____
 EmpIID: _____
 Check Number _____
 Base Pay, XPY & SUP: _____
 Current Position _____
 New Position: _____
 Comments: _____

Batch: _____
 Enter at least the employee's last name.
 Enter the employee's emplID.
 Enter the check number for which recharges are requested
 Check the earnings type requested for transfer. Leave blank for all. Use comments for special requests.
 The position number shown on the most recent version of the check
 If the last position number used for this check is undesired, enter the new position number for whose accounts should be debited.
 Provide any comments that might help in processing this transaction. Additional documentation is welcomed.

**It is the units responsibility to make all necessary changes to all Payroll and Position Management data before this form is submitted.
 If unsure, contact Position Management or consult the Position Management Manual.

Phone # _____
 Dept Signature (Required): _____
 Email: _____
 VP/Dean Signature (if required): _____

If check end date is older than 90 calendar days, signature from Grants Management is required.
SEND EXPENSE TRANSFERS TO: PMET@GWISE.LOUISVILLE.EDU