

UNIVERSITY OF WISCONSIN-MILWAUKEE
REQUEST FOR SALARY CASH TRANSFER

NOTE: This form is required when there is a retroactive change to an existing salary charge. When grant funds are involved, the Graduate School Financial Accounting Office reserves the right to approve or disapprove the request.

Date _____

Name of Division & Department _____ Revised PA Form Date _____

Employee Name _____ Appointment # _____ SS# _____

Reason for Transfer _____

Steps taken to Avoid Recurrences _____

1. _____ 2. _____ 3. _____
 Individual Requesting Change/Date Division Authorization/Date Graduate School Financial Accounting/Date

Payroll Period	WAS						S/B					
	YEAR	FUND/ ACCT	UDDS	CLASS	ACT	DOLLARS	YEAR	FUND/ ACCT	UDDS	CLASS	ACT	DOLLARS

Institutional Approval Date

Entered By Date