Alfred University

HUMAN RESOURCES & PAYROLL SERVICES

Redistribution Form

Supervisor:		Email Address:				Phone:		
Employee Name	**A. Number**	**Position #**	**Date Range**	**Year(s)**	**Current FOAP**	**New FOAP**	**Current Amt.**	**New Amt.**

Comments/Explanation:

Signature:	Date:
Supervisor Signature:	Date:

** Please Return form to the Payroll Department