Brown University Salary and Benefit Reallocation Form(PRYSAL)

Sequence No.
C / D

Name of Initiating Department_____

Social Security Number	Employee Name

Salary/Benefit Debit *				**Salary/Benefit Credit** *				
Account Number	Sub Code	Reference Number	Gross Amount	Account Number	Sub Code	Reference Number	Pay End Date	Adj
Account Number	Sub Code	Reference Number	Gross Amount	Account Number	Sub Code	Reference Number	Pay End Date	Adj
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Reasons (List specific, detailed reasons for the reallocation. For 5 ledgers, please include the level of effort.)

Department Name _____ Authorized Department Signature _____ Date _____

Authorized University Signature _____ Date _____

Office of Research Administration Signature _____ Date _____

Benefit expense must be reallocated along with salaries. System will not automatically calculate benefits being reallocated.

Routing Directions

Forward the original as follows:

For 5 ledger accounts (except faculty): Office of Research Administration
Box 1929

For faculty: Faculty Personnel
Box 1944

For all others: Accounting
Box J

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