REQUEST FOR SALARY TRANSFER

Payroll Office
University of Michigan
3003 S. State St. #G395
Ann Arbor, MI 48109-1279
Fax (734) 647-3983

DATE: _______________

TO: Payroll Analyst – Salary Transfers

FROM: Name: ___________________________________________________________

Department: ______________________ Phone Number: ________________

NOTE: This form should be used ONLY for salary transfers to correct ShortCodes for normal prior period adjustments entered into Elapsed Time. Department Budget Earnings changes should be processed for all other salary transfers.

Employee Name __________________________________________________________

UMID ______________________ Empl Rcd# ______________________

Pay Date ______________________________________________________________

Employee Signature ______________________________________________________

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<thead>
<tr>
<th>Earnings Code</th>
<th>Amount $</th>
<th>FROM ShortCode</th>
<th>TO ShortCode</th>
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Reason for salary transfer: ________________________________________________

Other Information: _________________________________________________________

SalTrans.doc, 6/1/07