



**Office of Research Services**

5th Franklin Building  
3451 Walnut Street  
Philadelphia, PA 19104-6205  
215 898 7269 (Phone)

**RESTRICTED SALARY REALLOCATION REQUEST**

**Payroll Department**

310 Franklin Building  
3451 Walnut Street Philadelphia,  
PA 19104-6294 215 898 7372  
(Phone)

**Purpose:** This form should be used when requesting restricted reallocations due to a change in position and object codes as well a change in allocations involving 5-funds which are "restricted" due to timing (e.g. reallocations where associated effort reporting period has ended, regardless of whether it is specifically tied to an effort report or not). The processing of reallocations will automatically generate a new effort report for recertification in ERS.

Change in Position- For a change in position which requires a change to object codes, the submitter must upload the completed form into the application in order for the request to be processed by Payroll. This request does not require ORS Post Award Approval.

Change in allocations involving grant funds - For a change in allocations involving 5 funds for a closed effort reporting period, this form must be sent to ORS Post Award Directors, along with supporting documentation prior to initiating the restricted reallocations within the Payroll Reallocation Application. The submitter must upload the approved request form into the application in order for Payroll to process the reallocation and a new effort report to be generated. Please note: Restricted Reallocations that are being done before or within the associated effort reporting timeframe (e.g. related to retro reclassifications or other object code changes) do not need ORS Post Award approval.

**Employee Name:**

**Employee Penn ID:**

**Job Title:**

**Effort Reporting Semester:**

**Request Reason:**

**Percentage Change:** %

**Check Date:**

**Pay Period:**

**Credit Account: (From)**

**Debit Account: (To)**

**Amount:**

**Reason Code:** ~~~~~

Select or Type Reason Code(s)

**TOTAL:**

**Additional Justification - if required. Please provide justification for extenuating circumstances, allowability, allocability, and reasonableness. (Limit 500 characters)**

ORS Approval:

Submitted By:

**Reason Codes**

Approval Date:

Date Submitted to ORS:

- A - Closed Effort Reporting Period-No Impact to Grant Fund
- B - Identified at Closeout
- C - Restricted Object Code / Position Change
- D - Closed Effort Reporting Period-Impacting Grant Fund
- E - Moving Effort to Continuation Year of Project
- F - Other - Additional Justification Required

Phone Number:

Department Email: