

## Salary Account Distribution Change Request

\* Please submit a minimum of two weeks before the change's effective date.\*

THIS FORM SUPERSEDES ALL PREVIOUSLY SUBMITTED FORMS

Empl Name: _____	Empl ID #: _____
Position Title: _____	Request Date: _____
Dept Name: _____	Full/Part-time: _____
Supervisor: _____	FTE: _____

Annual Salary: _____
Effective Date: _____

**Current Salary Account Distribution:**

Percentage	GL Code	Fund	Dept ID	Class	Program	Proj/Grant

**Requested Salary Account Distribution:**

Percentage	GL Code	Fund	Dept ID	Class	Program	Proj/Grant

<b>Required Approval Signatures:</b> (1) Dean/Director signs; (2) route form to Cabinet Officer/VP; (3) route to Treasurer's Office; (4) route to Human Resources			
_____ Dean/Director	_____ Date	_____ Treasurer's Office	_____ Date
_____ Cabinet Officer/VP	_____ Date	_____ Office of Human Resources	_____ Date