

PERSONNEL BUDGET CODE CHANGE REQUEST FORM

Employee / Student Worker	Name:		
ID (A#):			
Classification (check one):	District Staff / Faculty	Student Worker	Temp / Sub / Adjunct
Effective Date:			
Requester:		Date:	Phone:

CURRENT Budget Code (FROM):				
Fund	Org	Acct	Program	* Percentage (%)

* Please include all budget codes for this employee / student worker. The ratios should add to 100%.

REVISED Budget Code (TO):

Fund	Org	Acct	Program	* Percentage (%)

* Please include all budget codes for this employee / student worker. The ratios should add to 100%.

APPROVALS

Immediate Supervisor:	Date:	
Budget Manager 1: (if different from above)	Date:	
Budget Manager 2: (<i>if different from above</i>)	Date:	
Work Study Coordinator: (<i>if applicable</i>)	Date:	
Area Administrator:	Date:	

OFFICE USE ONLY				
Human Resources: Correct budget code in QSS/QCC?	Yes	No Initial: _	Date:	
Business Services: Correct previous payrolls with JV?	Yes	No Initial:	Date:	