

### HR Salary Budget Change Request

Banner ID	Posn #	Employee Name	Current Funding Source					Requested Funding Source					Effective Date
			Fund #	Acct #	Program	Amount	%	Fund #	Acct #	Program	Amount	%	
840xxxxxx	xxxx		xxxxxx	2xxxx	xxx	\$		xxxxxx	2xxxx	xxx	\$		
			xxxxxx	2xxxx	xxx	\$		xxxxxx	2xxxx	xxx	\$		
						\$ -	100.00%				\$ -	100.00%	

Comments:

Approved by Department Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Approved by Financial Manager: \_\_\_\_\_ Date \_\_\_\_\_

Approved by Dean or Director: \_\_\_\_\_ Date \_\_\_\_\_

Approved by Vice Chancellor: \_\_\_\_\_ Date \_\_\_\_\_