



## PAYROLL CHANGE REQUEST FORM

(Please give original to Marilyn and give a copy to Karen in the Office.)

Employee Name: \_\_\_\_\_

UNID: \_\_\_\_\_

Current:

- Project or Activity: \_\_\_\_\_
- Granting Agency: \_\_\_\_\_
- Project Title: \_\_\_\_\_
- Grant Number: \_\_\_\_\_
- Percentage of Effort: \_\_\_\_\_

New:

- Project or Activity: \_\_\_\_\_
- Granting Agency: \_\_\_\_\_
- Project title: \_\_\_\_\_
- Grant Number: \_\_\_\_\_
- Percentage of Effort: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Old Salary Amount: \_\_\_\_\_ New Salary Amount: \_\_\_\_\_

Is employee coming off a scholarship / fellowship?      Yes      No

Is employee's insurance paid by a campus order billed by HR?      Yes      No

Is a change in status needed for any of the following?

- Department Directory
- Department Email Lists
- Department Web Site

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: