

Certificated _____ Classified _____

(Form used only for Contract employees)

- GCCCD
- Cuyamaca
- Grossmont

REQUEST FOR CHANGE IN EXPENSE DISTRIBUTION

Please institute the following corrections to the payroll records:

NAME: _____ DATE: _____

COUNTY ID: _____ SEMESTER: _____

START: _____ END: _____

EXISTING:

Type	Account Number	Pct.	Hours/Load
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHANGE TO:

Type	Account Number	Pct.	Hours/Load
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PURPOSE:

NOTE: Categorically funded positions may **not** be moved into District funded positions.

Payroll Action Completed:

_____ Date Init.Eff. Date of Change

Authorized Signatures:

Approved by: _____

Manager: _____

Business Off: _____

Controller: _____

Budget Impact: _____

Adequate _____

Transfer Attached _____

HR USE ONLY WORKDAY UPDATES
POS#: _____
Org Assign: _____
Costing Allocation: _____