



CALIFORNIA STATE UNIVERSITY, STANISLAUS

Student Employment Funding Change Form

NOTE: Approved funding changes will be effective the first day of the following pay period after received in the Human Resources Office.

\_\_\_\_\_  
Last Name                      First Name                      MI                      Student ID Number

\_\_\_\_\_  
Effective Date      Dept ID      Account      Fund      Program Code      Project

Department Head /Manager \_\_\_\_\_

Justification for funding change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature                      /                      Date

\_\_\_\_\_  
Dept Head/Appropriate/Administrator                      /                      Date

\_\_\_\_\_  
Grant Accountant - Funding Verified                      /                      Date

**Payroll Use** \_\_\_\_\_

PIMS Position Number \_\_\_\_\_

CMS Position Number \_\_\_\_\_ CMS Empl \_\_\_\_\_ Record \_\_\_\_\_