



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

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 _____