

Position Funding Change Form



CALIFORNIA STATE UNIVERSITY, STANISLAUS

*University Budget Office ~ MSR290
E-mail: budget-services@csustan.edu*

Employee Information

Staff Faculty MPP Student

Employee Name:	Employee ID:
HR Dept ID & Name:	CMS Position Number:

Funding Change Information

NOTE: Approved funding changes will be effective the first day of the following pay period after processed by University Budget. Funding % must equal 100% or total Time Base.

Current

Effective Date	Funding Dept ID	Account	Fund	Program Code	Project	Funding %	Time Base

New

Effective Date	Funding Dept ID	Account	Fund	Program Code	Project	Funding %	Time Base

Justification for Funding Change:

Form Completed By:	Phone/Ext:
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Supervisor Signature: <small>(Mgr/PI/Dept Chair)</small>	Date:
Administrator Signature:	Date:
Funding/Grant Accounting Verified By: <small>(if applicable – signature indicates funding is available)</small>	Date:
Budget Approval/Completion:	Date:
Faculty Affairs or HR Approval/Completion:	Date:

HR/Faculty Affairs Use Only

CMS Position Number:	CMS EmplID:	Empl Record #:	
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Routing: Supervisor – Administrator – Funding/Grants (if applicable) – Budget – Faculty Affairs/HR