

JOB EARNINGS DISTRIBUTION CHANGE



Employee Name _____ (Last) _____ (First) Employee ID # _____

Current Funding

Effective Date _____

Earn Code Funding % Amount
Org Fund Account Project Program UserDef

Earn Code Funding % Amount
Org Fund Account Project Program UserDef

Proposed Funding

Earn Code Funding % Amount
Org Fund Account Project Program UserDef

Earn Code Funding % Amount
Org Fund Account Project Program UserDef

Change Authorized by: _____
(Signature) (Date)

Change Entered by: _____
(Signature) (Date)