

**ACCOUNT NUMBER CHANGES
&
PERCENTAGE CHANGES**

Send Form to Business Services #000

DATE: _____

CHECK ONLY ONE: Certificated Classified Management Certificated Management Classified

Employee Name: _____ Position #: _____

POSITION TITLE: _____

*EFFECTIVE DATE: _____
 **DO NOT BACKDATE

* To correct or change an account number for an employee, this form must be received by the Business Office no later than the 15th of the month prior to the change taking effect (i.e., to B.O. by Sept 15th to be effective on October's payroll). **Please remember, this form cannot correct previous months' payments. You must contact the Budget/Finance Dept. in the Business Office for these changes.

**TO:
Account Number**

%	FUND	RES	PROJ YR	OBJ	GOAL	FUNC	SITE	ORGN	D2

% TOTAL

TOTAL MUST EQUAL 100%

Program Manager to verify sufficient funds are budgeted.

Program Manager: _____
 Signature

Date: _____

Account Number Approval

Date: _____

Hard Copy Distribution:
 1 Original to Business Office