

PAYROLL DISTRIBUTION CHANGE FORM

INSTRUCTIONS: Complete this form online and then print and obtain the required signatures. When all signatures are obtained, submit the completed form to HRM Customer Service Center in 250 Columbus Place. For questions on completing this form, please reference PDC Form FAQ or call Barbara Finney/Payroll at x4771.

Section 1: General Information (ALL FIELDS REQUIRED)

First Name <input type="text"/>	Last Name <input type="text"/>	NUID* <input type="text"/>
Department ID (5 digit numeric) <input type="text"/>	Position Number (6 digit numeric) <input type="text"/>	<i>* This is NOT the SSN#</i>
From Date (Required) <input type="text"/>	Thru Date <input type="text"/>	

PDCR - Section 2: Change in Regular Earnings

From Index/Acct (11 digits)	Percent	To Index/Acct (11 digits)	Percent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PDCO - Section 3: Change in Other Earnings

From Index/Acct (11 digits)	Percent	To Index/Acct (11 digits)	Percent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4 - Reason for change (Required)

<input type="text"/> Initiator (Print Name)	<hr style="border: none; border-top: 1px solid black;"/> Initiator Signature	<input type="text"/> Phone Ext.	<input type="text"/> Date
<input type="text"/> RAF/Budget Approver (Print Name)*	<hr style="border: none; border-top: 1px solid black;"/> RAF/Budget Signature	<input type="text"/> Phone Ext.	<input type="text"/> Date

*RAF approval is required if the change affects a research account. Otherwise budget approval is required.

FOR HR/PAYROLL SERVICE CENTER USE:

Completed By <input type="text"/>	Date Completed <input type="text"/>
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