



JOB CODE CHANGE REQUEST FORM



To be completed prior to assigning task to employee. Complete ALL boxes.

Check mark or circle one

Add	Change	Inactivate	Delete
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Effective Date _____

Job Code # (Leave Blank if New) _____ Pay Rate _____

Job Code Description _____

Name of Manager _____

Name of Other Approve (Master Job Code) _____

Name/PEID of Employee _____ School /Department _____

Attach list if more than one employee

Reason

GL Account to Charge

Format should be Fund.Function.Object.Center.Area.000. Example account string: 100.2410.0124.011.050.000

Budget verified available
Transfer completed on _____ from account _____

Comments or Notes

Signature _____ Date _____

Name _____

Office Use Only

Approved by _____

Implemented by _____

FORM REVISION 11/01/2017