

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

PDCR - Section 2: Change in Regular Earnings

From Index/Acct (11 digits) Percent		To Index/Acct (11 digits) Percent	
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PDCO - Section 3: Change in Other Earnings

From Index/Acct (11 digits) Percent		To Index/Acct (11 digits) Percent	
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Section 4 - Reason for change (Required)

Initiator (Print Name)	Initiator Signature	Phone Ext.	Date
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RAF/Budget Approver (Print Name)*	RAF/Budget Signature	Phone Ext.	Date
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*RAF approval is required if the change affects a research account. Otherwise budget approval is required.

FOR HR/PAYROLL SERVICE CENTER USE:

Completed By	Date Completed
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