FUNDING CHANGE - CLASSIFIED & UNCLASSIFIED

redink Dean

Shaded areas must be completed.

UDDS _____ (Department/Division use only)

Name _____ (Last, First, MI)

Date _____ (Date worksheet prepared)

Soc. Sec. # _ _ _ _ _ _ _ _ _ Person ID _ _ _ _ _ _ _ _ _ _ Appt. # _ _ _ _ _ _ _ _ Retirement _____ Y = Yes N = No

Major Dept. _____ UDDS _____ Division-Dept. Name Appt. Type _ _ Title _ _ _ _ _ _ Code _____ Title Name

Rate $ _____ Basis _____ Total Appt. % _____ Hrs _____

	Begin Date (MM DD YYYY)	End Date (MM DD YYYY)	UDDS	FUND	ACT	ACCT #	CLASS	$ AMOUNT	Agreement Percent	Full-Time Rate Per Pay Period	Actual Amount Per Pay Period
OLD											
NEW											
	CONCURRENT	APPT									

1. _____ Principal Investigator _____ Date

_____ Department Chair _____ Date

_____ Dean/Director _____ Date

2. _____ Principal Investigator _____ Date

_____ Department Chair _____ Date

_____ Dean/Director _____ Date

Appointment Change _____ Y = Yes (If yes, complete Appointment Change Form) N = No

F-8774d

WORKSHEET 1/89