



RIVERSIDE COMMUNITY COLLEGE DISTRICT REQUEST TO CHANGE SALARY BUDGET CODES

This request to Change Salary Budget Codes must be received by budget control **two weeks** before the effective date of change.

Employee Type: (check ONE only)

Full Time: Classified Confidential Management/Supervisor

Position Information: _____ Employee # _____

Position Title: _____ TTS # _____

Name: _____ Department: _____

Effective Date of Change: _____

Current Salary Accounts (Total MUST equal 100% of the employee's workload):

Fund	School	Resource	PY	Goal	Function	Object	Percent
---	---	---	-	---	---	---	___%
---	---	---	-	---	---	---	___%
---	---	---	-	---	---	---	___%
---	---	---	-	---	---	---	___%
---	---	---	-	---	---	---	___%
Total Percentage							___%

Requested Salary Accounts (Total MUST equal 100% of the employee's workload):

Fund	School	Resource	PY	Goal	Function	Object	Percent
---	---	---	-	---	---	---	___%
---	---	---	-	---	---	---	___%
---	---	---	-	---	---	---	___%
---	---	---	-	---	---	---	___%
---	---	---	-	---	---	---	___%
Total Percentage							___%

Explain the justification for this change/grant allowability. A permanent budget transfer form **MUST** be submitted with this form if Resource 1000 is impacted.

Transfer of Expenditure Information

This Request to Change Salary Budget codes **MUST** be received by budget control two weeks before the effective date of the change. The following information is **REQUIRED** if this request is received less than two weeks prior to the effective date.

Transfer Pay Period(s) From – Thru (Examples: 3B thru 4B or 1M thru 2M): _____

Requested By: _____ **Dean/Director** _____ **Date**

Approved By: _____ **Assoc. VC/Vice Chancellor/President** _____ **Date**

Office Use Only		Initial	Date
Budget Control			
Payroll			
For Human Resources Use: Position #	Input:		