

CNR EMPLOYEE FUNDING APPROVAL FORM

First name Last name Employee ID #
 Department PI/Lab/Office Date
 Action Requested by

Complete only those items that are new or changing

	Current	Change to	
Start date	<input type="text"/>	<input type="text"/>	
End date	<input type="text"/>	<input type="text"/>	
Job/Title code	<input type="text"/>	<input type="text"/>	
Step	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable
Exception or Positive time	<input type="text"/>	<input type="text"/>	
BELI code	<input type="text"/>	<input type="text"/>	
Eligible for Vacation Leave	<input type="text"/>	<input type="text"/>	
Tuition and Fee Remission	<input type="text"/>	<input type="text"/>	

If action is appointment who is being replaced

All hourly payrates are paid on Positive time reporting MA - Z time

Comments

Funding - current:

	Percent	BU	Account	Fund	Org	Program	Project	Flex	
1	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>		NIH <input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>		NIH <input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>		NIH <input type="checkbox"/>

Funding - change to:

	Percent	BU	Account	Fund	Org	Program	Project	Flex	
1	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>		NIH <input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>		NIH <input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>		NIH <input type="checkbox"/>

Approvals

Professor/Supervisor name Signature Date _____
 HR Unit name Signature Date _____
 Research Accounting name Signature Date _____

Forward copy to payroll unit after accounting approval

If action is retroactive is UPAY needed
 Payroll Transfer Certification Form is attached