

## PAYROLL BUDGETING FORM

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Social Security Number

**Current salary charged as follows:**

Budget Name	Budget Number	Monthly Rate or Percentage of Pay

**Change budgets/charges as follows:**

Budget Name	Budget Number	Monthly Rate or Percentage of Pay

**Effective Date of Changes:** \_\_\_\_\_

**Explanation for Changes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Approved:**

\_\_\_\_\_  
Originating Budget Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Budget Manager (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Budget Manager (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cabinet Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cabinet Member

\_\_\_\_\_  
Date

**Please forward completed form to Jackie Clark in  
Financial Services, Allen Hall, Wallace Drive Campus**