Prepared by: _____ Ext: _____ Date of Request: _____

Budget Officer: _____ Org Code _____

Employee name: _____ myWSUID #: _____ Position#: _____

Begin	Year	Pay #	Start Date		End	Year	Pay #	End Date
_____	_____	_____			_____	_____	_____

Change from:

Fund Code	Org Code	Percentage

	Must total:	100.00%

Change to:

Fund Code	Org Code	Percentage

	Must total:	100.00%

Approvals:

Send completed PDF to Payroll: payroll@wichita.edu   Campus Box 38