

HR  
COMPLETION  
DATE \_\_\_\_\_

**PERSONNEL FUNDING REQUEST FORM  
SCHOOL OF PHARMACY**

BUSINESS  
COMPLETION  
DATE \_\_\_\_\_

**TO:**

**FROM:**

**DATE:**

Please process this request, as indicated below.

**HUMAN RESOURCES:**

**ACCOUNTING:**

Type of Request:  New Employee  Appointment Extension  New Funding Source  
 Termination  Salary Adjustment  Source Change

**Employee:** \_\_\_\_\_ **Soc. Sec. #** \_\_\_\_\_

**Effective** \_\_\_\_\_ **and ending** \_\_\_\_\_ **PID #** \_\_\_\_\_

**FUNDING:**

**FROM: (current salary sources)**

5-DIGIT ACCT# AND OBJ CODE	DEPT #	POSITION #	COST CENTER	COST SHARE ACCT #	DATE SOURCE ENDS	ANNUALIZED AMOUNT* (\$ or %)

**TO: (new salary sources)**

5-DIGIT ACCT# AND OBJ CODE	DEPT #	POSITION #	COST CENTER	COST SHARE ACCT #	DATE SOURCE ENDS	ANNUALIZED AMOUNT* (\$ or %)

**SPECIAL INSTRUCTIONS:**

**APPROVED BY:** \_\_\_\_\_  
**PRINCIPAL INVESTIGATOR**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**BUSINESS OFFICE ACCT MGR**

\_\_\_\_\_  
**DATE**

## FORM INSTRUCTIONS

### PLEASE PRINT:

**TO** – Name of person to process request:

Matt Reeder:            Division of Pharmaceutical Outcomes and Policy  
                                 Division of Pharmacotherapy and Experimental Therapeutics  
                                 Division of Professional Education

Regina Ford:            Division of Medicinal Chemistry & Natural Products  
                                 Division of Molecular Pharmaceutics  
                                 Division of Graduate Education

Shelby Abbott:        Postdoctoral Fellows  
                                 Visa Applications/Extensions

**FROM** – First and last name of person requesting action

### TYPE OF REQUEST

Check box(es) and complete all sections based on the effective date of the action (complete a separate form for every action with a different effective date).

For cost/share requests, use New Funding Source or Source Change box.

### FUNDING

New Employee - complete "To" salary source section

New Funding Source - complete "To" salary source sections

Appointment Extension - complete "From" and "To" salary source sections

Salary Adjustment - complete "From" and "To" salary source sections

Termination - complete "From" salary source section

Source Change - complete "From" and "To" salary source sections

### SPECIAL INSTRUCTIONS

In addition to completing form, please include brief comments or attach email, letter, memo, etc. to explain requested action.

\*For permanent EPA/SPA employees, please use the annual salary amount regardless of effective time period. For temporary employees, please use the hourly rate.

### PROCESSING PROCEDURES:

1. Obtain approval of P.I./Designate **and** Accounting Technician
2. Submit completed form to Business Office
3. SOP and/or HR Office will enter date action processed by SOP
4. Contact appropriate office (SOP HR or Business Office) for status of request.

PLEASE ALLOW 15 DAYS FOR PROCESSING REQUEST.

