Office of Extramural Support

SEMEL ACADEMIC PERSONNEL NON-COMPENSATION PLAN FACULTY/OTHER ACADEMIC APPOINTEES SALARY/FUNDING ADJUSTMENT FORM

ection A: ACTION REQUEST INFORMATION	<u> </u>			
EMP. ID NUMBER:	NAME- LAST, FIRST:		F	ACTION EFFECTIVE DATE:
PAYROLL TITLE:	PAYRATE:		DEPT/DIVISION/UNIT:	
ACTION REQUEST (SELECT A	<u>LL THAT APPLY):</u>			
New Appointment	(indicate funding source	s, dates and percentages in comments	section below)	
Change Funding So	ource (if retroactive, atta	ch signed Cost Transfer Justification Fo	orm)	
Change Percentage	e Time (include justificati	ion in comments section)		
Fund Rollover				
Other (explain)				
Other (explain)				
Section B: PERCENTAGE DISTRIBUTION WOI	RKSHEET			
ATTACH MODESHEET OF	CURRENT FICCAL	VEAR DISTRIBUTION DEDCEM	TACES AND D	DODOCED FICCAL VEAL
ATTACH WORKSHEET OF		YEAR DISTRIBUTION PERCEN	TAGES AND P	KUPUSED FISCAL YEAR
	DIST	RIBUTION PERCENTAGES*		
Is this a retroactive funding	g change? Yes:	(Attach signed justification form)	
is this a retroactive randing	, change.	(/ tetaeri sigilea jastileation form	,	
	No:			
Section C: APPROVAL SIGNATURES				
Fund Manager Signature(s)	i			Date
g g (,	(include all FMs that manage aff	fected funds)	_	
Faculty Cianatura				Data
Faculty Signature				Date
Administrator Signature				Date
Section D: ADDITIONAL COMMENTS				

^{*} Fund managers can provide QDB report of current salary & percentage by Month. Submit both current and revised distributions with this form.