

Change in Accounts Form

INSTRUCTIONS

- ❖ *The Change in Accounts Form must be completed and reviewed to ensure accuracy. Your signature below confirms that the information presented is complete, accurate and authorizes Budget and/or Grant Accounting to enter the above account changes.*
- ❖ The Form should be submitted to Budget and/or Grants Accounting at least 15 work days prior to the “Effective Date” of the change.
- ❖ Except for cases where agency rules or grant expiration apply, Change in Accounts forms should not be submitted in excess of four (4) times throughout the year (fiscal/calendar).
- ❖ Time and Effort reports must coincide with the account information stated on the change in accounts form relative to the period covered.
- ❖ The chain of approval is as follows; Department Head → Component Head → Budget → Grant Accounting.
- ❖ Percentage (%) must be in whole numbers. Please round the percentage to the nearest whole number.

EMPLOYEE INFORMATION

Employee Name:		Employee ID:	
Job Title:	Position Number :	Department	

LABOR DISTRIBUTION INFORMATION

	FUND	ORGN	ACCT	PROG	%
Account 1 Name					
Account 2 Name					
Account 3 Name					
Account 4 Name					
Account 5 Name					
Account 6 Name					
Account 7 Name					

Effective Date (mm/dd/yy)		End Date (mm/dd/yy)	
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REASON FOR CHANGE

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APPROVAL

	Department Head	Component Head		Budget	Title III Grants Accounting
Print Name			Print Name		
Signature			Signature		
Date			Post Date		