Unless otherwise specified, changes made via this form will change ALL existing funding sources for position number listed below.

Please list ALL funding sources to total 100% of distribution. Does not apply to Workstudy funding.

CHOOSE ONE:
- Faculty
- Staff
- Temp Staff
- Medical Resident
- Workstudy Student
- GTA/GRA/GSA
- Institutional Student

☐ SINGLE OCCUPANT POSITION  ☐ POOL POSITION (If pool position is salaried, any changes will affect all occupants)

EFFECTIVE DATE
2/16/2010

POSITION NUMBER
00015790

Position
Pool

LAST NAME if Single Occupant - POOL if Pool Position
LAST NAME

FIRST NAME (Blank if Pool)
FIRST NAME

EMPL ID (Blank if Pool)
EMPL ID

FUNDING SOURCE 1

<table>
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<tr>
<th>FUND CODE</th>
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<th>DEPT NAME</th>
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Account Code
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FUNDING SOURCE 2

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Account Code
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FUNDING SOURCE 4

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Account Code
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Account Code
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FUNDING SOURCE 6

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Account Code
U

Choose One
- Permanent Change
- Temporary Change

Choose One
- Replace all funding sources
- Add Funding Source

TOTAL % OF DISTRIBUTION

Must equal 100% if replacing

0.00%

Additional Information:
Keep all other funds and add the above grant. % can be equal.

Dept. Contact Name: Anita Kemnitz
Phone #: 7-2163
Box #: 7127

Recommend Official Signature
Date

Additional Approving/Reviewing Signature
Date

Approving Official Signature
Date

Reviewing Authority
Date

Page 1 of 1
Form Date 07/01/09