

Chartfield Spread / Source Change Form

TO BE ATTACHED TO ALL OU-5050A AND OU-5009A FORMS

Effective Date _____	Primary HR Dept. # _____	Date Completed _____
Employee Name _____	HR Dept. Name _____	Dept. Approvals _____ <small>(get Unit / Project Sponsors)</small>
SSN or EmplID _____	Dept. Contact _____	_____
Employee Title _____	Contact's Phone # _____	_____

Payroll Cycle: EOM PPP INC Source Change Only

GL Account = 511316 GL Account = 511321

POSITION #	GL ACCOUNT	GL ORG	PROJECT/GRANT*	FUND	PROGRAM	SUBCLASS	Monthly AMOUNT	% of Monthly Pay Distribution*	Human Resources ACCOUNT CODE
FROM:									
								%	
								%	
								%	
								%	
								%	
								%	
								%	
								%	
TO:									
								%	
								%	
								%	
								%	
								%	
								%	
								%	
								%	
								%	

*Required with SPNSR & SUAUX funds & Optional Projects
*Percent of monthly pay distribution based on Position # & HR Dept.