

Jacksonville State University

Controller's Office

Request for Position Budget Transfer / Change

(Use for Position Changes Only)

Date:	
Requesting Organization:	
Budget Unit Manager (please print):	

POSITION BUDGET CHANGES REQUESTED		
Funding Transfer from one Position Budget to another. Forward Completed FORM to HR.		
	Position to be funded:	Position used for funding source:
Department Title:		
Position Title:		
Position Control #:		
Salary Amount to be transferred :		
Benefits Amount to be transferred:		
Ending Salary (after transfer):		
Ending Benefits (after transfer):		

Justification for changes (please attach additional paper if necessary):			
Budget Mgr Signature:		Date:	
HR Review:		Date:	
<i>Compensation reviewed:</i>	<i>No additional funding required</i>	<i>Additional funding required</i>	
<i>Operating Budget (FOAP) to be decreased:</i>		<i>Amount of decrease:</i>	
<i>HR Comments:</i>			
Controller Approved:		Date:	
HR Processed:		Date:	