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| **UNIVERSITY OF WYOMING HCM FUNDING FORM**  |
| **For Current, Future and Corrections of HCM Payroll Funding on salaries paid after July 1, 2019** |
| Benefited positions, Hourly positions, Graduate Assistants, Additional Pay, etc. |
| Person Number |  | Employee Name |  |
| Department |  |
| **Complete one form per person, per transaction (i.e. Regular Salary and MCD require two separate forms)** |
|[ ]  New Funding  |[ ]  Change Current or Future Funding  |[ ]  Expenditure Correction (retroactive change)  |
|  |
|[ ]  Benefited Position  | Position Number |  | Annual Rate |  |
|[ ]  Non-Benefited Position | Assignment Number |  | Pay Rate |  |
|[ ]  Additional Pay | Type | Choose an item. | Pay Rate |  |
|[ ]  Graduate Assistant  | All GA Payroll changes must be approved by AVP Graduate Education |
|[ ]  Project Funding  | Any expenditure corrections (retro changes) impacting projects must be approved by Sponsored Programs and the project PI |

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|  **Current Funding** (use continuation form for additional strings) |
| Effective Fund Fund Expense Date Percent Entity Account Code Source Organization Class Program Activity Future Project Task |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |

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|  **New Funding** (use continuation form for additional strings) |
| Funding must be a **percentage**, not an amount, and **EACH** effective date must total 100% |
| Effective Fund Fund Expense Date Percent Entity Account Class Source Organization Class Program Activity Future Project Task |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |
|       |       |    |       |     |       |       |     |      |      | 0 |       | 1 |

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| 1) Completed By |   | Phone |        | Date |        |
|   |
| 2) Cost Center Approver |        | Date |        |
|  |
| 3) Sponsored Programs (corrections only) |        | Date |        |
|  |
| 4) Principal Investigator (corrections only) |        | Date |        |
|  |
| 5) AVP Graduate Education |        | Date |        |