



Division of Life Sciences Change Charging Instructions - Account Authorization Form

Today's Date: _____ Dept.: _____

Employee Name: _____ Preparer's Signature: _____
First, Middle Initial and Last

Employee ID #: _____ Employee Record #: _____ Effective Date: _____ End date: _____ (if applicable)

Personnel Action(s): _____ Notes: _____

Job Code - Job Title: _____

Type / Class: _____ Hourly Rate / Contract / Salary: _____

Accounting Codes:

Specialist
Budget Approval

String Type _____ Percentage Rate / Salary

String Type _____ Percentage Rate / Salary

String Type _____ Percentage Rate / Salary

String Type _____ Percentage Rate / Salary

String Type _____ Percentage Rate / Salary

String Type _____ Percentage Rate / Salary

String Type _____ Percentage Rate / Salary

String Type _____ Percentage Rate / Salary

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Supervisor's Name: _____ Phone #: _____

Supervisor's Signature: _____ Date: _____

Business Manager Approval: _____ Date: _____

For DLS Business Office use only:

SAS Portal Approval Date approved: _____ Initials: _____ Notes: _____

Hire / Reappt. Approval Date approved: _____ Initials: _____

Job Data Approval Date approved: _____ Initials: _____

ECI Updated Date Submitted: _____ Preparer: _____ Approver: _____