



The University of Utah

Neurobiology & Anatomy

PAYROLL CHANGE REQUEST FORM

(Please give to Liz or Marilyn in the Main Office)

Employee Name: _____

UNID: _____

Current:

- Project or Activity: _____
- Percentage of Effort: _____

New:

- Project or Activity: _____
- Percentage of Effort: _____

Start Date: _____ End Date: _____

Old Salary Amount: _____ New Salary Amount: _____

Is employee coming off a scholarship / fellowship? Yes No

Is employee's insurance paid by a campus order billed by HR? Yes No

Is a change in status needed for any of the following?

- Department Directory
- Department Email Lists
- Department Web Site

Faculty Signature: _____

Date: _____

Notes:

Date Complete: _____ Initial: _____