



AUXILIARY SERVICES CORPORATION

1121 N. State College Blvd. Fullerton CA 92831-3014

EMPLOYEE'S ACCOUNT CHANGES



_____	_____	_____
Last Name	First Name	CWID
_____	_____	_____
Department Name	Effective Date	Hourly or Salary

Please Check: **Transfer/Change** | **Add to Account**
 Remove from Account | **Extend**

BUDGET PERIOD FROM _____ TO _____ Only add percent for salaried employees

_____	_____	_____
Present Account Number	New Account Number	% on this account
_____	_____	_____
Present Account Number	New Account Number	% on this account
_____	_____	_____
Present Account Number	New Account Number	% on this account
_____	_____	_____
Present Account Number	New Account Number	% on this account

For salaried employees only please indicate percentage on each account. ***Note that total of all accounts should equal 100%.

_____	_____	_____	_____
Initiating Supervisor	Date	Approving Supervisor	Date
_____	_____	_____	_____
Grants/Contracts Personnel	Date	Human Resources Personnel	Date

This form will **not** place an employee on Payroll or terminate an employee from the Payroll system. This form will **only change** account numbers.