



College of Engineering

Salary Distribution Change (SDC) and Redistribution Form

Complete all fields as applicable:

Effective Date*:		Dept Name:		OUC: (6 digit)	
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**Request ___ of ___ (for multiple SDC requests for one individual, please make sure to complete a separate SDC form for each effective date)*

Salary Distribution Change or Redistribution Change (Yes or No)		Is this request also moving other salary expenses (Additional Comp/ Summer Salary, leave payouts, etc) (Yes or No) If yes, please indicate in the comments what you are moving		Work-Against Position (Yes or No)	
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Employee Information:

Last Name:		First Name:	
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Employee ID:		Job Title:	
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Annual Base Salary:		Salary Supplement if applicable:		FTE:	
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Funding Information: *Funding total must equal 100% of salary on an annual basis; if project is funded by another department/unit or College/Division, please make sure to receive approval to charge their projects*

Current Distribution Setup:

Requested Distribution Setup:

Project #	Phase (if applicable)	Account Code	Dollar amount or %		Project #	Phase (if applicable)	Account Code	Dollar amount or %
TOTAL					TOTAL			

If this SDC results in a 90 day retro action, please refer to this [document](#) for information on how to proceed.

Approval Signatures:

Business Officer/ C&G Manager:	Dept Head/Director/Designee:	Secondary Dept Signature: (if applicable):
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Comments:	
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