

FUNDING SOURCE CHANGE FORM

Butte-Glenn Community College District

Employee Name (Last, First, MI) SS# or Colleague I.D.	Dept.	Position	Current Budget Code(s)	%*	New Budget Code(s)	%*	Effective Date**
SS# or Colleague ID							
SS# or Colleague ID							
SS# or Colleague ID							
SS# or Colleague ID							
SS# or Colleague ID							
SS# or Colleague ID							
SS# or Colleague ID							
Explanation/Comment:							

* Note – Total percent must equal 100%

** An expenditure transfer must be processed through Accounts Payable for any payable transaction when the effective date listed above falls within a previous month's payroll run.

Signature Authorization

1) _____ Date
Person Initiating Change

3) _____ Date
Director – Business Services

2) _____ Date
Manager Authorizing Change

4) _____ Date
Human Resources

White - HR Office

Yellow - Payroll

Pink - Department Retains

** Expenditure Transfer
 Yes No

HR Office Use Only

Initials: _____

Data Entry


Date: _____

POSD____ POSS____

INSTRUCTIONS FOR COMPLETING FUNDING SOURCE CHANGE FORM

Purpose: This Funding Source Change Form (FSC-1) was designed to initiate changing the funding source of one or more employees within the same department. The Form FSC-1 should be used in lieu of the P-1 form when no other personnel or position actions are initiated and only when the funding source (budget code) needs to be changed.

- Contact the Business Office to verify that the appropriate funding source is being used and that the funds are in the account.
- If you are changing the funding source for more than one (1) employee, use one (1) box per employee. (See example below).
- Please include either the employee's Social Security # or Colleague ID in the space indicated.
- List the entire budget code using the "dashes" in the appropriate places. There should be a total of twenty (20) numbers in the budget code. Be sure to include the "object code", which is the last four (4) numbers of the code.
- Break down the percentage that is to be charged to each funding source if an employee is going to be charged to more than one funding source (budget code). The funding source(s) for each employee must equal 100%.
- If the effective date of the funding source change falls within the previous month's payroll, an expenditure transfer must be processed through Accounts Payable. Check the box to the right of the Signature Authorization section, indicating ("yes" or "no") if you are going to need to initiate an Expenditure Transfer.
- Route completed form for Signature Authorization.
- The Human Resources department will route the "pink" copy back to the initiating department once the transaction has been processed.



BUTTE COLLEGE

FUNDING SOURCE CHANGE FORM
Butte-Glenn Community College District

Employee Name (Last, First, MI) SS# or Colleague ID	Dept.	Position	Current Budget Code(s)	%	New Budget Code(s)	%	Effective Date**
Gleek, William A. SS# 663-76-1960	Student Services	Financial Aid Assistant	11-000-701-1-620001-52320	100%	12-253-702-1-648000-52320	50%	10/01/03
SS# or Colleague ID					11-000-701-1-620001-52320	50%	
SS# or Colleague ID							
SS# or Colleague ID							
SS# or Colleague ID							
SS# or Colleague ID							
SS# or Colleague ID							
Explanation/Comment:							

* Note - Total percentage must equal 100%
** An expenditure transfer must be processed through Accounts Payable for any payable transaction when the effective date listed above falls within a previous month's payroll.

Signature Authorization

1. Person Initiating Change _____ Date _____

2. Manager Authorizing Change _____ Date _____

3. Director - Business Services _____ Date _____

4. Human Resources _____ Date _____

** Expenditure Transfer

Yes No

HR Office Use Only

Initial: _____

Date: _____

FSC-1 (Rev. 10-03)

White - HR Office

Yellow - Payroll

Pink - Department Retains