

Request for Use of Institutional Salary Savings

Instructions: A memo detailing your justification for funds should be completed and attached to this form. Send the memo and completed form to the appropriate VP (Non-Academic Areas) or the Provost at MS 1000 (Academic Areas) for approval. Approved originals should be forwarded to the Budget Office, MS 1235.

Date of Request _____

Unit/Department Name: _____ Dept ID No. _____

Requestors Name (PRINT): _____ Telephone No. _____ MS _____

This request impacts the following (check all that apply):

Departmental Salary Savings	Extended Vacation	Sabbatical	Capital Project	Budget Transfer	Yr-End Carryforward
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Total dollar amount of request \$ _____ Please indicate what fiscal year(s) this request impacts _____

IMPORTANT NOTE: JUSTIFICATION for funds should be on a separate memo and attached to this form.

PCN _____ Affected ? Increase position budget by \$ _____ Decrease position budget by \$ _____

PCN _____ Affected ? Increase position budget by \$ _____ Decrease position budget by \$ _____

EAF Processed? ___ Yes ___ Not Necessary

Budget Transfers (may be necessary to get budget into correct category if request is approved)

Permanent transfer

One Time transfer

From: Department # _____ Expense Category _____ \$ _____

To: Department # _____ Expense Category _____ \$ _____

From: Department # _____ Expense Category _____ \$ _____

To: Department # _____ Expense Category _____ \$ _____

Approvals:

Dean/Director: _____ Date: _____

VP/Provost _____ Date: _____

For Budget Office Use Only

___ Updated Position Control DataBase

___ Noted in budget book

___ Confirmed with Dept or Dean