

Earnings Distribution Change Form

Submit to ersohrops@erso.berkeley.edu

Employee Name:		Submission Date:	
Employee ID:		Action Effective Date:	
Requestor Name:		Requestor Email:	

Earnings Distribution Change Instructions: Identify all chartstrings and percentages where employee will be paid. (Use attachment sheet if more rows are needed)

GL BU	Account	Fund	Dept ID	Program	Chartfield 1	Chartfield 2
Earn Code: REG		<input type="checkbox"/>	Check if E-Verify Fund		Distribution %:	
PI Signature:			Funding Approval:			

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Total Dist. %:	
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Total Dist. % should equal employee's FTE

Special Instructions:

Requestor refers to RSO or fund manager responsible for initiating change.
 This form is for use on current month transactions only. Forms submitted by the 10th of the month will be processed in that month.
 For any prior month transactions use the expense transfer process.

