



University of Waterloo Assign/Change Costing Allocation Request Form

This form is used for requesting changes to where an employee's salary and benefits are to be charged to on a **go forward basis**. If you need to request a correction for salary and benefit amounts that have already been paid and processed, please use the **Salary Expense Transfer Request** form.

Employee ID:	Position #:	<u>Supervisory Org:</u>	<u>Reports to:</u>
Emp Name:	Current Monthly Salary:	Name:	Name:
Job Title:	Location: <i>(building)</i>	Number:	Number:

Current Cost Allocation:

% Allocated Monthly Amount

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WORK ORDER ACTIVITY

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WORK ORDER ACTIVITY

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WORK ORDER ACTIVITY

As of effective date / / allocate as follows:
MM / DD / YY

% Allocated Monthly amount
(Required)

-			
WORK ORDER	ACTIVITY	Cost centre manager - Print name	Cost centre manager - Signature
-			
WORK ORDER	ACTIVITY	Cost centre manager - Print name	Cost centre manager - Signature
-			
WORK ORDER	ACTIVITY	Cost centre manager - Print name	Cost centre manager - Signature

This allocation is to continue until otherwise notified OR * This allocation is to continue until / /
MM / DD / YY

**As of this date the salary will revert to the default cost centre assigned to the worker unless a new form is completed and submitted.*

Faculty/Dept Financial Officer/Executive Officer Approval:

Please note: If a work order beginning with 5 is being charged, an end date must be given and a Research Financial Compliance & Eligibility Stamp is required.

Name	Signature	Date	Phone Ext.

Please submit completed form to HR Administration Team, East Campus 1 (EC1)

For HR Use Only

Date Entered / / Initials
MM / DD / YY