Request to Change Account Number

Student Name: ___________________  SID: ___________________

Job Group:  
circle one  SG (GA)  SF(FWS)  SU(UWS)

Old Budget Organization Code:  __ __ __ __ __

Old Position Number:  __ __ __ __ __ __

New Budget Organization Code:  __ __ __ __ __

New Position Number:  __ __ __ __ __ __

Effective Date:  _____ ___ / ___ ___ / ___ ___ ___ ___

Comments:  __________________________________________

_____________________________________________________

AUTHORIZATION:  I request that this student’s work study assignment be change as noted on this form.

Funds are available in my department to accommodate this request.

Department_________________________ Timesheet Approver Signature ________________________________

Cost Head Signature: _________________________________ Date: _________________________________

CP&D APPROVAL:  ______________________  ____________________  COMMENT: ______________________________

RETURN FORM TO: Career Planning and Development- UNA Box 5066- GUC Room 202