



Prepared by: _____ Extension: _____ Date: _____
Project Director: _____

Original Authorization
Change Original Authorization Dated: _____

Name Last First M.I. myWSU ID#
Current 9/10 month salary \$
Title Org. Biweekly Rate \$
Effective Date: to Box # Ext. # Hourly Rate \$

Table with columns: Organization No.(s), Position No. (s) (BUDGET), FUNDING, WORK DATES, Pay Date, TOTAL PAY. Includes a Total Pay row at the bottom.

Required Signatures:

Office of Research Administration: _____ Date _____
Dean: _____ Date _____
University Budget Director: _____ Date _____
President/Vice President: _____ Date _____

BANNER APPROVED FUNDING - UNIVERSITY BUDGET OFFICE ONLY: PClass: _____ EClass: _____

Table with columns: Account, Amount. Includes POSN and PBUD labels.

Banner Forms Completed:

POSN:

PBUD: