Change in Primary Funding Source Form

⚠️ <mark>**Do NOT use this form for extending employment, position changes, Additional Pay, or benefit-eligible E&G-funded positions.**</mark>
<mark>(Incomplete or incorrect forms will be returned.)</mark>

Instructions

1. **Form Use** – This form may be used only to change a Grant Number or Designated Number within the same department. If the Department ID is different, a Personnel Action Form (PAF) must be submitted to HR.
2. **Not Allowed** – Do not use this form for:
   • Benefit-eligible E&G-funded positions (listed in the Annual Budget Book, with position numbers assigned by OFPA)
   • Additional Pay
   • Periods beyond an employee's suspend or termination date
3. **Completion Requirements** – All sections must be filled out.
   • Moving From: list current funding source(s) in full
   • Moving To: list funding source(s) effective on the action date; percentages must total 100%
   • End Date required for all grant-funded sources
4. **Approval** – The form must be signed by the appropriate signature authority (and Dean/Chair if required) before submission to ORA/OFPA.
5. **Routing** – Submit the complete form as follows:
   • If moving to a grant only → send to Office of Research Administration (ORA)
   • If moving to a grant + other source → send to OFPA
   • If moving to a non-grant account → send to OFPA
   • *If current funding paperwork expires before new paperwork is submitted, charges will default to the home department.*

Employee Information

☐ **Monthly**　　☐ **Bi-weekly**　　☐ **Undergraduate**　　☐ **Graduate Assistant**

Last Name: _____ **First Name:** _____ **EMPLID:** _____ **Box Number:** _____

Department Name: _____ **Contact Name:** _____ **Contact Phone Number:** _____

Effective Date of Action: _____ **End Date:** _____

Moving From (Current Funding)

	Fund	Dept	Program	Project/Grant	% Paid From Source
Fund 1:					
Fund 2:					
Fund 3:					
Fund 4:					

Moving To (New Funding – Must Total 100%)

	Fund	Dept	Program	Project/Grant	% Paid From Source
Fund 1:					
Fund 2:					
Fund 3:					
Fund 4:					

Approvals

Signature Authority: _____ Date: _____ Director (if required): _____ Date: _____

Dean (if required): _____ Date: _____ ORA/OFPA: _____ Date: _____