

## Change in Primary Funding Source Form

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

### 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: \_\_\_\_\_