

EMPLOYEE INFORMATION

EMPLOYEE NAME*	EMPLOYEE HOME DEPT #
UCCE LOCATION*	EMPLOYEE POSITION #
EMPLOYEE'S FTE*	EMPLOYEE ID #

CURRENT FUNDING

DOS CODE	Chart*	Chart-Account*	Sub Account	Budget Sub	Project	Funding Start Date	Funding End Date*	Funding %
REG	L							
Total (must = 100%)								

NEW / PROPOSED FUNDING

ERN CODE	Chart*	Chart-Account*	Sub Account	Budget Sub	Project	Funding Start Date*	Funding End Date*	Funding %
REG	L							
Total (must = 100%)								

APPROVAL SIGNATURES

_____	Date	_____	Date
SUPERVISOR/PI*		COUNTY DIRECTOR*	
_____	Date	_____	Date
OTHER		BOC BUSINESS MANAGER*	