



## College of Engineering Salary Distribution Change (SDC) and Redistribution Form

**Complete all fields as applicable:**

SDC		Additional Comp/ Summer Salary Move or Other compensation		Work-Against Position (Yes or No)	
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Effective Date*:		Dept:		OUC:	
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*\*Request \_\_\_ of \_\_\_ (for multiple SDC requests, please make sure to complete a form for each effective date)*

Preparer's Name:		Phone #:	
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**Employee Information:**

Last Name:		First Name:	
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Employee ID:		Job Title:	
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Annual Base Salary:		Salary Supplement if applicable:		FTE:	
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**Funding Information:**

*Funding total must equal 100% of salary on an annual basis; if project is funded by another department/unit or College/Division, please make sure to receive approval to charge their projects*

**Current Distribution Setup:**

**Requested Distribution Setup:**

Project #	Phase (if applicable)	Account Code	Dollar amount or %		Project #	Phase (if applicable)	Account Code	Dollar amount or %
<b>TOTAL</b>					<b>TOTAL</b>			

**If this SDC or redistribution results in a 90 day retro action, please refer to this [document](#) for information on how to proceed**

**Approval Signatures:**

Business Officer/ C&G Manager	Dept Head/Director/Designee	Secondary Dept Signature (if applicable)

Comments:	
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