



Farmersville Unified School District Change in Payroll Form

To: _____

From: _____

Site: _____

Date: _____

RE: Name: _____

Please change the account number of the above employee effective: _____
Date

Journal entry all prior changes effective: _____
Date

FROM:

Line	Fund	Resource	P Y	Goal	Function	Object	Site	Manager	WS

TO:

Line	Fund	Resource	P Y	Goal	Function	Object	Site	Manager	WS

Changes in categorical programs require the approval of the Categorical Program Director.

Requestor's Signature

Approver's Signature (if applicable)

Comments Reason For Change:

Payroll Updated By: _____
Signature

Budget Updated By: _____
Signature

Journal Entry By: _____
Initials Date

Journal Entry #