



## REQUEST FOR GL NUMBER CHANGE

POSITION TITLE		POSITION NUMBER	
EMPLOYEE GROUP			
EMPLOYEE		EMPLOYEE ID NUMBER	
CURRENT GL NUMBER(S)		%	
NEW CURRENT GL NUMBER(S)		%	
REASON FOR CHANGE			
EFFECTIVE DATE OF CHANGE			
ORIGINATOR'S NAME (PLEASE PRINT)			
_____ Originator's Signature		_____ Date	
AUTHORIZATION BY (PLEASE PRINT NAME)			
_____ Authorized Signature		_____ Date	

**HUMAN RESOURCES USE ONLY**  
(after signatures are acquired)

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Distribute to:   Human Resources (original)  
                      Executive Director of Budgets & Accounting  
                      Originator