



Request for Budget Combo Code/Distribution% Update

Department of Budget & Financial Analysis

This form is to be used *only* for permanent (PERM) and/or temporary (TEMP) combo code/distribution updates for continuing employees charged to operating funds (no gift, grant or cost share changes allowed). Academic Affairs areas, email completed forms to Assistant Director, Fiscal Operations, Provost's Office. All other areas, email budgetoffice_btr@csuohio.edu. If a budget transfer request (BTR) is required, the request form will not be processed until it is received.

Please acknowledge the following:

- No other status updates are required for this employee/position. (FTE, FT/PT, Reg/FA/T, ect.). If a status update is required please contact HR. This form does not approve continuations.
- This request does not change the funding source such that it would change the status of the employee (Reg, Funds Available, Temp).
- Requested combo codes are active.

Please complete the following:

Position #: _____ Fiscal Year:

Reg/Temp/FA: _____

Employee Name: _____ HR Department: _____

Reason for request: _____
Reminder cost share changes are temporary only. Please include salary and grant start date for cost shares above.

Current Tables

Current PERM Combo Code	Distrb%	Current TEMP Combo Code	Distrb%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Requested Change

Effective Start Date: _____ Effective End Date: _____

If this form is not processed prior to the effective start date, the earliest possible date will be entered. This may necessitate a salary journal entry to be completed by the department to adjust the actuals. If the effective end date exceeds the fiscal year, the tables will remain unchanged during budget building and a new request form or LOA/Contract must be submitted to update the table in the new fiscal year. If the effective end date is before the end of the fiscal year, the distribution will revert to the original combo codes.

Requested PERM Combo Code	Distrb%	Requested TEMP Combo Code	Distrb%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fiscal Officer Signature
Date