



**California State University, Long Beach
HR COMBINATION CODE OVERRIDE FORM**

This form is used to change the default funding source (as designated by the Position Pool ID) for a given pay period - prospectively. The process allows us to change 100% or split the % of costs to any valid chartfield combination. This form must be received in HR Technology Services (BH Room 188), attention to Rachel New, by the 25th of each month that the pay warrant will be issued. This does not apply to retroactive changes. For such changes, you must request an HR Adjustment via email to rnew@csulb.edu. If you have any questions, email to rnew@csulb.edu or call Rachel New at 5-8217.

NOTE: The time to be paid must have already been submitted on an Intermittent Pay or Student Assistant Voucher (paper form, not spreadsheet) or Salaried Employee Attendance Report.

MONTH EMPLOYEE WILL BE PAID (MONTH/YEAR)	ORGANIZATIONAL UNIT		Page 1 of	
	ASM NAME		ASM Ext (last 4 digits)	

The following time reporting codes may be overridden with this process (Immediate & additional pay items are overridden using the same form that authorizes the pay):

TIME REPORTING CODES	REG	Regular Pay	SHE08	Evening Shift Differential for R08 -University Police
	ASBES	Asbestos Pay for a Salaried or Positive Pay Employee	SHN08	Night Shift Differential for R08 -University Police
	OTPR	Overtime Premium Pay for a Salaried or Positive Pay Employee	SHSWG	Swing Shift Differential for CSEA
	OTST	Overtime Straight Time Pay for a Salaried or Positive Pay Employee	SHGRV	Graveyard Shift Differential for CSEA
			SHSUN	Sunday Shift Differential

EMPLOYEE NAME (Last,First M)	EMPLOYEE ID	EMPL REC	Indicate whether employee is Student, Hourly or Salaried	TOTAL AMT (\$) TO OVERRIDE	% OF DISTRIBUTION	TIME REPORTING CODE	Financial Chartfield Values					For HR Technology Only
							Fund	Dept	Program	Project	Class	HR COMBINATION CODE

ASM APPROVAL

Signature	Date

DIV AUTHORIZATION

Signature	Date

PROCESSED BY HRTSS

Initials	Date