



## California State University, Long Beach HR ACCOUNT 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 238 by the 25th the 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 a 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.

<b>DATE PAYCHECK WILL BE ISSUED (MONTH/YEAR)</b>	<b>ORGANIZATIONAL UNIT</b>		<b>Page 1 of</b>	
	<b>ASM NAME</b>		<b>ASM Ext (last 4 digits)</b>	

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**

- |              |  |              |   |
|--------------|--|--------------|---|
| <b>REG</b>   | Regular Pay  | <b>SHE08</b> | Evening Shift Differential for R08 -University Police |
| <b>ASBES</b> | Asbestos Pay for a Salaried or Positive Pay Employee               | <b>SHN08</b> | Night Shift Differential for R08 -University Police   |
| <b>OTPR</b>  | Overtime Premium Pay for a Salaried or Positive Pay Employee       | <b>SHSWG</b> | Swing Shift Differential for CSEA                     |
| <b>OTST</b>  | Overtime Straight Time Pay for a Salaried or Positive Pay Employee | <b>SHGRV</b> | Graveyard Shift Differential for CSEA                 |
|              |  | <b>SHSUN</b> | 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 Budget Use Only
							Fund	Dept	Program	Project	Class	HR ACCOUNT CODE

**ASM APPROVAL**

Signature	Date
-----------	------

**DIV AUTHORIZATION**

Signature	Date
-----------	------

**PROCESSED BY**

Initials	Date
----------	------