

311 T AUTHORIZATION CHANGE FORM

To: Special Payments Payroll Contracts Administration Unit

From: _____ Phone: _____

Date: _____ Appropriation Code: _____

Agency Name: _____

Employee Name: _____ Soc. Sec. No.: _____

Present Program/Project Number: _____ / _____ Present Rate Of Pay: \$ _____

ACTION REQUESTED: (Check One and Complete All Information For That Choice)

Renewal Of Contract - New Rate: \$ _____ New Program/Project: _____ / _____

Contract Term: From _____ To _____ Contract Maximum: \$ _____.

Change Of Program/Project Number From _____ / _____ To _____ / _____.

Other Action: (Provide, if appropriate, any changes to rate, project number, term of contract or other information contained on previously submitted Form 311T.

NOTE: A completed Separation Report Form must accompany this form in order to process a Termination.

APPROVALS:

Signature - Fiscal Officer Date

Signature - Appointing Authority Date

Name - Fiscal Officer (Print/Type)

Name - Appointing Authority (Print/Type)