THE UNIVERSITY OF MAINE

EARNINGS DISTRIBUTION

If not typed, use black or blue ink. White paper only.		
Prepared By	Phone	Date

Deadline for completed original to Human Resources:
Monthly paid employees – the 10th of the month change effects.
Biweekly paid employees – start of the affected pay period.

Use this form to change the account distribution for an employee's job components.
This form should not be used to reappoint an employee – use the Personnel Data Update Form for reappointments.

Department
O-_____

Position # _____

☐ **Hourly** ☐ **Grad Asst**
☐ **Salaried** ☐ **Faculty**

PERSONAL DATA

Prefix	First Name	Middle I	Last Name	Suffix	MaineStreet ID #

EARNINGS DISTRIBUTION

Earn Code	Start Date	End Date	Accounting ID (10 Digits)	Chartfields	Percent	✓ Soft Money
					%	☐
Earn Code	Start Date	End Date	Accounting ID (10 Digits)	Chartfields	Percent	✓ Soft Money
					%	☐
Earn Code	Start Date	End Date	Accounting ID (10 Digits)	Chartfields	Percent	✓ Soft Money
					%	☐
Earn Code	Start Date	End Date	Accounting ID (10 Digits)	Chartfields	Percent	✓ Soft Money
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Earn Code	Start Date	End Date	Accounting ID (10 Digits)	Chartfields	Percent	✓ Soft Money
					%	☐
Earn Code	Start Date	End Date	Accounting ID (10 Digits)	Chartfields	Percent	✓ Soft Money
					%	☐

Please check if this employee will be paid either in part or full from a federal contract with the E-Verify clause: ☐
Contact Cliff Wilbur in the Office of Research and Sponsored Programs if you need help determining this status of your accounts.

☐ **Check here if additional distributions are included on reverse side or separate page.**

Please make sure that the total % for each period of time equals 100%

Other Changes/Notes (Indicate if the changes are for cost sharing, release time, other special funding arrangements, etc.)**:**

Initiating Administrator **Date**

Recommended **Date**

Recommended **Date**

Approved **Date**

Reset