

Other Personnel Costs Shrinkage Request Form



Prepared by:	Lyndsay Pletcher	Ext:	5826	Fiscal Year:	2023
Home Org Name:	Finance & Administration	Org #:	101505	Date:	2/1/23
Purpose of Shrinkage Funding Request		Purpose:			
<input type="checkbox"/> Overtime <input type="checkbox"/> Lecturers <input type="checkbox"/> Additional Compensation <input checked="" type="checkbox"/> Temporary Staff		Jane Doe will be out on maternity leave beginning March 1st through July 31st. The Finance & Administration Org will need to hire a temporary employee to help perform Jane Does' regular duties whiel she is out, and is requesting \$1000 with an estimated hourly wage of \$10 an hour for 100 total hours of temporary employment.			
Any other request requires additional information, reach out to your budget analyst for guidance.					
Position Number	999999	Fund	A2000	Acct	101505
WSUID	A123B456	Title	Administrative Assistant	Eff Date	2/1/23

Org Name and EXPENSE Account Description	Fund #	Org #	EXPENSE Account Code #	AMOUNT Increase
VP for Finance & Administration - Temporary	A2000	101505	1110	1,000.00
			Total	1,000.00

After all signatures have been obtained, send to Budget Office, Campus Box 47

_____ <i>Jane Doe's Budget Officer</i> Budget Officer	_____ Date
Budget Office Use Only	
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> JV #	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> Process Date