

LOS ANGELES HARBOR
SALARY DISTRIBUTION CHANGE

Date: _____

Fiscal Year: _____

Control Number: _____

Employee Name: _____

Department Manager: _____

Employee #: _____

V.P. of Admin: _____

Begin Date: _____

Prepared By: _____

Please Print

End Date: _____

Ext: _____

LOC	BUS AREA	GL	COST CENTER	FUND	WBS	POSITION #	CLASS/JOB CODE	PERCENTAGE (%)

Completed By: _____

Date Input into SAP/PCS: _____

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