



Box 2

If these payments should charge to a business unit or department other than where the employee currently charges, please provide the following information:

Business		DeptID:		Position	
Unit:	_____	DeptID:	_____	#:	_____
Job		Combination			
Code:	_____	Code:	_____		

Completed FORM MUST BE SUBMITTED no later than NOON FRIDAY ON THE PAY PERIOD END DATE.  
TURN FORM INTO DFA- CENTRAL PAYROLL BUREAU, 407 GALISTEO STREET ROOM 166, SANTA FE, NM 87501  
FAX (505) 827-1223