

# Speedcode/Combo Code Change Request

This form is used to notify Payroll and Benefit Services of speedcode/combination code changes.

Please submit completed form to:

For assistance with this form, please contact your Payroll Contact or call (780) 492-4555.

Email: payroll.operations@ualberta.ca  
Mail: 2-60 University Terrace  
Fax: (780) 492-3800

## A. Employee Information

Person ID # \_\_\_\_\_ Dept ID \_\_\_\_\_ Department \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name(s) \_\_\_\_\_

Employee Type:  Support  Academic  Student  Postdoctoral Fellow  POI Record # \_\_\_\_\_

Appointment Details:  Regular  Hourly  Temporary/Excluded  Graduate Assistantship  Scholarship/Bursary  Admin Appointment

## B. Speedcode/Combo Code Change Details

Change Effective Date (yyyy/mm/dd) \_\_\_\_\_

Fund Source:  Operating  Trust

### Earnings Distribution

Earnings Type: (only select applicable earning types for changes indicated below)  
 Regular Salary  Market Supplement  Salary Supplement

Mobile Allowance  Responsibility Pay  Other (If earnings type not listed please indicate in Section C below)

\_\_\_\_\_  
Current Combination Code      New Combination Code      % distribution

\_\_\_\_\_  
Current Combination Code      New Combination Code      % distribution

\_\_\_\_\_  
Current Combination Code      New Combination Code      % distribution

\_\_\_\_\_  
Current Combination Code      New Combination Code      % distribution

### Benefit/Statutory Deductions Distribution

Statutory Deductions Only (CPP/EI/WCB)  Benefit Charges Only

Change Both  No Changes

\_\_\_\_\_  
Current Combination Code      New Combination Code      % distribution

\_\_\_\_\_  
Current Combination Code      New Combination Code      % distribution

\_\_\_\_\_  
Current Combination Code      New Combination Code      % distribution

\_\_\_\_\_  
Current Combination Code      New Combination Code      % distribution

## C. Comments - Please indicate reason for change

## D. Authorizations

Prepared By: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

Independent Reviewer: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

Budget Owner/Project Holder: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

Senior Financial Officer: (if applicable) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (yyyy/mm/dd) \_\_\_\_\_

The information on this form is collected for the purpose of managing personnel under Section 230(1) of the Income Tax Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. Certain information will be made available to federal and provincial departments and agencies under appropriate legislative authority. For further information about the collection and use of this information, please contact Human Resource Services, 2-60 University Terrace, Telephone: (780) 492-4555.