



## CHANGE BIWEEKLY WORK GROUP

DATE OF CHANGE MUST BE 1<sup>st</sup> DAY OF NEW PAY PERIOD (WEDNESDAY)

<b>Requested by:</b>	
<b>E-mail address:</b>	
<b>Date requested:</b>	

Please scan completed template to [payroll@uhd.edu](mailto:payroll@uhd.edu). Requests for work group changes must be submitted on this template no later than noon on the Friday prior to the first day of a new pay period (Wednesday). Changes to an employee's work group that move the individual from comp time earned to paid overtime must be approved by the department's/college's/division's fiscal authority.

**EMPLID**

**EMPL  
RCD#**

**CURRENT WORK GROUP ID**  
(select from drop-down menu)

**PROPOSED WORK GROUP ID**  
(select from drop-down menu)

**TCD OR WEB CLOCK**  
(select from drop-down menu)