

K'ima:w Medical Center  
Cost Center Change Form

SS#		Name:	
Department:		Title:	
Effective Date:		Temp:	Reg:
Old Cost Center:	Program or Grant Name:	NEW Cost Center:	Program or Grant Name:
		Department Manager	Grants Compliance
		Payroll	Date entered:

Department Manager: Please fill out all each section and route directly to the Grants Compliance Officer for verification of Cost Center. Be sure to include the Cost Center and the % of time charged to each. The final step is to route to the Senior Fiscal Coordinator. This form will replace the need to route a new PAF for employees that only require a change of cost center. The PAF is still required for other HR related functions.