South Texas College

REQUEST TO CHANGE FINANCIAL MANAGERS

FUND / ORGANIZATION NAME	FUND / ORGANIZATION CODE	PRIOR FINANCIAL MANAGER	NEW FINANCIAL MANAGER

JUSTIFICATION:

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_____

_____

******Information required from New Financial Manager******

Employee ID Number:_____ Title:_____

Division/Department:_____ Vice President:_____

Telephone Number:_____ E-mail address:_____

Requested by (Print Name)	Requested by (Signature)	Date
New Financial Manager (Print Name)	New Financial Manager (Signature)	Date
Shirley A. Reed, M.B.A., Ed.P President (Print Name)	President (Signature)	Date
Processed by Business Office (Print Name)	Processed by Business Office (Signature)	Date