ESTABLISH/UPDATE/INACTIVATE
PAYROLL ACCOUNT CODE REQUEST
OFFICE OF THE AUDITOR-CONTROLLER

SPM FORM GL-11
(POLICY #502)
Page 1 of 2
(Submit all pages)

☐ **Establish**   ☐ **Update**   ☐ **Inactivate**   **Effective Date:** _____

1	**Purpose** – Explain the purpose for the request.

_____

_____

_____

_____

2	**To establish payroll account code:** Please provide account code string below.

Hr Task Group	Description	DeptID (required)	Fund (required)	Program	Class

3	**To update payroll account code description:** Please provide both current and new description.

Current Description	**New Description**

Appropriation Level Dept ID   **Originating Agency/Department/Special District Name**   ☐ Special District

_____   _____ _____ _____
Prepared By   Date   Phone   Mail Stop #

Note: **Department Heads sign below in the Agency, Department & Appropriation Level gray box.**

4	**Approvals –** *Department, Central, and/or Executive*

Division, Section, & Unit Levels

_____   _____   _____
Chartfield Requestor   **Phone**   **Date**

Agency, Department & Appropriation Levels

_____   _____
Department Head/Special District Director   **Date**

SPM Form GL-11	Establish/Update/Inactivate **Agency/Department ID Request** OFFICE OF THE AUDITOR-CONTROLLER *(Submit all pages)*

Auditor-Controller's Office Approval: All Levels

Approved   Denied

_____   _____

Senior Accountant, General Accounting Division, Office of the Auditor-Controller   **Date**

To Be Completed By the Auditor-Controller's Office

Email Distribution – By the Auditor-Controller's Office   **Date Distributed:**

Original - Auditor-Controller (General Accounting)   **E-mail notification** - COA Change Group

CHECKLIST

No.	Add	Inactive	Description	✓	Initials	Date
	(Circle One)					
1						
1a	**A**	**I**	**Update existing combo edit trees**			
	A	**I**	Combo definition exists (if no, create combo definition)			
	A	I	Added node and detail values to trees			
	A	**I**	Created combo rule			
	A	**I**	Added new rule to the combo group			

COMMENTS: _____

_____

_____

Notes to preparer:
1. The description must be unique for each DeptID/Fund/Program/Class combination.
2. Submit form to "Central Chartfield Approver" at the Auditor-controller's office via email. The email address is chartofaccount@rivco.org.