

Encumbrance/Disencumbrance Form

Encumbrance/Disencumbrance (Circle One)

10 Digit FRS Account Number _____
Department Name _____
Employee's Name _____
Employee's Social Security Number _____
Dollar Amount to be Added for Encumbrance _____
Dollar Amount to be Subtracted for Disencumbrance _____
Last Day Worked (Disencumbrance Only) _____

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Authorized Signature: _____

Date: _____

Please print this sheet, complete the appropriate information, and mail it to the Payroll Office.