Payroll and Disbursements
Add/Delete Kronos Cost Centers

☐ Add

☐ Delete

Org ID_____

(Department Name)

Department Number(s) _____

_____

_____

_____

_____

Effective Date _____ (mm/dd/yyyy)

Printed Name _____ Phone _____

Authorized Signature _____ Date _____

Email the completed form to payroll-dept@wmich.edu.

Rev 1/23