REVISION OF LABOR DISTRIBUTION

												Division: Dept./Center: Dept./Center TC Box #: TC Ext:															
For De	partme	nt and	Divisio	n Use C	Only:																						
Last	Last Name:														First Name:												
Social Security #:														Position #: Suffix #: Suffix #: "SU" on LDR													
Labo	Labor distribution revision for the following period: Start Date//														End Date / / Term												
Salary	alary Allocation:																										
	Current Distribution													New Distribution													
	Index					Account				%	Su	btotal	Index					Account				%	S	ubtotal			
*Amounts should be equal TOTAL 100% *													TOTAL								ΓAL	100%	*				
Requ	Requested by: Date: / /													Recommended by:(Division Director)									/	/			
Grant's	Grant's Office Use Only:																										
Revie	Reviewed and Approved by:															Date:	/	_/									
Controller's Office Use Only: Revision of distribution effective date (NBAJOBS): Processed by: Date://													/														
	ournal entry for prior months changes posted in Month of: Processed by: HR Adjustment Processed by:														Date:												
PIDM	1:										HR Ac	ijustment Pr	ocesse	d by:								Date:	/	/			

Color code: Department/Division: yellow — Controller's Office: white