Labor Expense Redistribution Form

Worker Name: _____   Department Name: _____

Employee ID #: _____   Department Cost Center ID: _____

LR #: _____   **Link to Log**

Did the labor being corrected involve grant funds and post more than 60 days ago? (select yes/no from drop down) [____]

Assignee (if applicable): _____   Fiscal Year: _____

Period Start-End Dates (Type)	Position ID	Pay Component Code	Credit Cost Center ID	Credit Function	Credit Fund	Credit Grant, Gift, Proj, Prog or Spec	Credit Contract	Credit Activity Code	Transfer Amount	Debit Cost Center ID	Debit Function	Debit Fund	Debit Grant, Gift, Proj, Prog or Spec	Debit Contract	Debit Activity Code
Page Total									-						

Version WD2, updated 7/13/21

If labor distribution reports reflect multiple entries for one pay period for an individual, each entry must be reallocated on a separate line.

An acceptable justification for the reallocation request must be identified. A detailed justification is required for Sponsored Programs.

Justification:
_____
_____
_____
_____

Signature lines have been removed. All approvals are now via e-mail.