



# Job Labor Distribution Change Request

[Request Help](#)

Use this form to request the job labor distribution index-FOP is changed for grants and contracts. Submit Completed Form to Research Administration for Post Award, Administration Bldg., Room 263.

**EMPLOYEE INFORMATION**

Date

Full Name

Pay ID (select one)

MN

BW

Banner ID

Position Number

**CURRENT**

| Index | Fund | Orgn | Account | Program | Activity | Percent | Amount | Pay Period * | Earnings Code ** |
|-------|------|------|---------|---------|----------|---------|--------|--------------|------------------|
|-------|------|------|---------|---------|----------|---------|--------|--------------|------------------|

**CHANGE TO**

| Index | Fund | Orgn | Account | Program | Activity | Percent | Amount | Pay Period * | Earnings Code ** |
|-------|------|------|---------|---------|----------|---------|--------|--------------|------------------|
|-------|------|------|---------|---------|----------|---------|--------|--------------|------------------|

\* Pay Period Numbers range from **1-26 for Biweekly and 1-12 for Monthly.**

Go to <http://www.memphis.edu/payroll/schedules.php> for biweekly and monthly payroll schedules.

\*\* Earnings Codes can be found at <https://umwa.memphis.edu/programguides/hr/earnings.php>.

*If labor distribution reports reflect multiple account code entries for one pay period for an individual, enter each on a separate line.*

*If job labor distribution change affects another account you do not have signature authority on, you must obtain approval from all financial managers affected prior to submitting request.*

Provide reason for job labor distribution change, and how costs are allowable and allocable to the project:

**Approvals:**

Signature of Chair required when job labor distribution change decreases Ledger 5 and increases Ledger 2, due to changes in recovery. Signature of Principal Investigator and Grants & Contracts Accounting required when job labor distribution change affects restricted Ledger 5.

Department Chair:

Dean:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Principal Investigator:

Grants & Contracts Accounting:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

By signing above, the Principal Investigator certifies the cost transferred is an appropriate expenditure for the sponsored agreement charged, and the expenditure complies with the terms and restrictions governing the sponsored agreement.