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| SSU Seal | SONOMA STATE UNIVERSITYLabor Cost Distribution Change |

**Instructions:** This form is used to change the distribution of labor cost for an existing appointment. This may be for one in employee or for all employees in a position. Please obtain Employee ID, Record Number and PeopleSoft position number from PeopleSoft. The effective date listed should be the date the labor cost distribution change will take effect. If an End Date is applicable, it will be necessary for you to submit a new Labor Cost Distribution Change form prior to the end date. If you have questions regarding changing labor cost distribution, please contact the Budget Office at 4-2715. Please send completed form to Natalie Sanchez, Administration and Finance Budget Office.

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| Date: | Contact: | Phone: |
| HR Department Number: | HR Department Name: | |

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| Employee Level Change | **Use this section when changing funding for one employee.** | | |
| Employee Name: | | | |
| Employee ID: | | Record Number: | PeopleSoft Position Number: |
| Effective Date: | | End Date (if applicable): | |

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| Position Level Change | **Use this section when changing funding for all employees in a particular position.** | |
| PeopleSoft Position Number: | | |
| Effective Date: | | End Date (if applicable): |

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| Distribution of Labor Cost | | | **Use this section to identify funds from which this position is to be paid.** | | | |
| Fund | Finance Dept ID | Program\* | | Class\* | Project/Grant\* | Percentage applied to appointment |
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| \*only if applicable; not required for all appointments **Total:** | | | | | | 0.00 |

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| Unit Approval |  | |
| Appropriate Administrator: | | Date: |
| Dean, Director: | | Date: |

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| Financial Approval | |  |  |
| Department | Pool \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Appointment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Financial Services Director: | | | Date: |
| Keyed into PeopleSoft on: | | | |