

## Labor Cost Distribution Change

Instructions: This form is used to change the distribution of labor cost for an existing appointment. This may be for one 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, please contact the Budget and Resource Planning Office at budget@sonoma.edu. Please send completed form directly to budget@sonoma.edu. Do not send form through AdobeSign.

Contact Inform	nation					
Date:		Contact:		Phone:	Phone:	
HR Department Number:		HR Department	HR Department Name:			
		•				
Labor Cost Dis	tribution Change			nployees in the <i>same po</i>	sition number, then leave	
Emanda va a Nam		the employee f	ields blank.			
Employee Nam	ie:	Franks Pass	ad Niconala aus	Position Numb		
Employee ID:  Effective Date:		Employee Recor	Employee Record Number:  End Date (if a)			
Effective Date:			End Date (ii a	аррисавіе):		
Distribution of	Labor Cost	Use this section	n to identify funds fr	om which this position is	s to be paid.	
Fund	Department	Program*	Class*	Project*	Percentage	
				-,		
*Only if applies	able; not required for all a	unnaintments		Total:		
Опу п аррпса	able, not required for all a	ірропітпент		iotai.		
Approval						
	ninistrator					
MBU Lead Administrator or Grant PI/Delegate:						
	unds please obtain MBU (	Major Budget Unit)	Lead Administrator	signature. For Grant fur	nds, please obtain Pl	
or delegate sign	nature. When multiple PI a	approvals are neede	d, please attach an	email with applicable ap	provals.	
For Budget Off	fice use only					
	(if applicable):					
<u> </u>	· · · · · ·					
	Approval (if applicable):					
Entered by:						