

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 to budget@sonoma.edu

Contact Inform	mation				
Contact Inform	nation	Contact:		Phone:	
HR Departmer	Alicentari	HR Department	± Niemo:	riione.	
пк рерагине	It Number.	тк рерактен	. Name.		
Labor Cost Dis	stribution Change			ployees in the same po	osition number, then leave
N		the employee f	ields blank.		
Employee Nam	ne:			I a see Missack	
Employee ID:		Employee Recor	1	Position Numb	er:
Effective Date:	<u> </u>		End Date (if a	pplicable):	
Distribution of	f 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
*∩nlv if applic	 cable; not required for all a			Total:	
Om, c.	abic, not required in	ppomement		100	
Approval					
MBU Lead Adr	ministrator				
or Grant PI/De					
	funds please obtain MBU (
or delegate sign	nature. When multiple PI a	approvals are neede	.d, please attach an ϵ	email with applicable ap	provals.
For Budget Of	fice use only				
ORSP Approva	al (if applicable):				
Budget Office	Approval (if applicable):				
Entered by:					