I. INTRODUCTION

PURPOSE	Submit information to adjust an employee's current and future payroll coding.

II. PROCESS

STEP	SCREENSHOT					
 Download an LCD Change Form from the Budget website. 	University Budget and Resource Planning University Budget and Resource Planning Home Policies, Procedures & Frameworks Campus Budget Plans President's Budget Advisory Committee Questica Budget Advisory Committee Questica Budget Advisory Committee Budget Resources Budget Resources Budget Forums Data Warehouse Resources Payroll Adjustments and LCD Updates Payroll Adjustments Forms Contact Us	<section-header><section-header><section-header><section-header><section-header><text><text><text><text></text></text></text></text></section-header></section-header></section-header></section-header></section-header>				

2.	Open L(CD Change form.		SO State	NOMA	Unive and P	rsity Budg lanning	get	Labor Cost Distribution Change	
				Instruction all employ date listed submit a m Office at 4	ns: This form is used t ees in a position. Plea should be the date the ew Labor Cost Distrib -3926 or email budget(o change the one ase obtain Emplabor cost dist ution Change @sonoma.edu.	listribution o ployee ID, R ribution cha form prior t Please send	of labor cost for an decord Number and nge will take effect to the end date. If d completed form to	existing appointment. This may be for one in employee or for PeopleSoft position number from PeopleSoft. The effective . If an End Date is applicable, it will be necessary for you to you have questions, please contact the Budget and Planning budget@sonoma.edu.	
				Date: HR Depar	rtment Number:		Cor HR	ntact: Department Nam	Phone:	
				Employee Employee	e Level Change Name:	Use this se	ection whe	n changing fundi	funding for one employee.	
				Employee Effective	e ID: Date:		Record Nu End Date (:	mber: if applicable):	PeopleSoft Position Number:	
			Position D PeopleSo Effective	Level Change ft Position Number: Date:	Use this se	ection when	n changing fundi (if applicable):	ing for all employees in a particular position.		
				Distribut Fund	ion of Labor Cost Finance Dept ID	Use this s	ection to id	lentify funds fro	m which this position is to be paid.	
				*only if a	pplicable; not require	d for all app	ointments	Το	tal: 0.00	
				Appropria Dean, Dir	rroval ate Administrator: ector:				Date: Date:	
			Financial Approval Department Pool Position Appointment Financial Services Director: Date:			Date:				
				Keyed int	o PeopleSoft on:					
3	Fill out	the following fields:		Posticod 05/	06/21					
0.	1.	Date = Current date	Date: HR De	epartment]	Number:		Conta HR D	ct: epartment Nam	Phone: e:	
	 Contact = Your name Phone =. Your phone # HB Department Number = 									
		HR department number that employee or position								
		resides. May be different that the payroll coding.								
	5.	HR Department Name = Name of deprtment								
4.	(Most C	provided in previous field	Employ	ee Level (Change Use	this sectio	n when c	hanging fundi	ng for one employee.	
	following fields to change a single		Employe	ee Name:				88		
	employ	ee's coding:	Employe	ee ID:		Rec	ord Numb	er:	PeopleSoft Position Number:	
	1.	Employee Name	Effective	e Date:		End	Date (if a	pplicable):		
	2.	Employee ID								
	3. 4.	Record Number PeopleSoft Position								
	5.	Effective date = Date for								
		change to take effect								

 (Optional) End Date = Date this coding should end. 	
 5. (Less Common) Fill out the following fields to change the coding for all employees in a position: PeopleSoft Position Number Effective date = Date for change to take effect (Optional) End Date = Date this coding should end. 	Position Level Change Use this section when changing funding for all employees in a particular position. PeopleSoft Position Number: End Date (if applicable):
 6. Fill out the following fields to update the current coding for the employee(s): Required Fund Finance Dept ID Percentage 2. Optional Program Class Project/Grant 	Distribution of Labor Cost Use this section to identify funds from which this position is to be paid. Fund Finance Dept ID Program* Class* Percentage applied to appointment Green fields = Required Yellow fields = Optional Image: State of the section of
the Appropriate Administrator and dean or director. Signing via Adobe Acrobat or Adobe sign are preferred.	Appropriate Administrator: Date: Dean, Director: Date:

