

Name (Last/First):			OSU ID#
POSN #:	Suffix:	Prepared by:	Phone:

Current Distribution							
Earn Code	Hours	Percent	Amount	Index	Acct. Code	Actv. Code	Payroll Use Only
Total							

Revised Distribution		Start (Month/Year):					
Earn Code	Hours	Percent	Amount	Index	Acct. Code	Actv. Code	Payroll Use Only
Total							

Revised Distribution		Start (Month/Year):					
Earn Code	Hours	Percent	Amount	Index	Acct. Code	Actv. Code	Payroll Use Only
Total							

Revised Distribution		Start (Month/Year):					
Earn Code	Hours	Percent	Amount	Index	Acct. Code	Actv. Code	Payroll Use Only
Total							

Note: Each section percent total must equal 100.

PLEASE COMPLETE JUSTIFICATION AND AUTHORIZATION SECTION ON PAGE 2

Justification: Explain why the index that salary is being transferred from was initially charged, and why the salary belongs on the receiving index. If over 90 days, include an explanation as to why salary was not transferred in a timely manner. See instructions for details to include if labor for key personnel will be revised by 25% or more for the project budget period and/or there is a change to the project scope of work.

Review instructions prior to completing sections below.

Principal Investigator Authorization:

I certify that the distribution of labor reduce or increase Key Personnel effort 25% or more for the project budget
 period on any of the above sponsored awards

I certify that the distribution of labor change the project scope of work on any of the above sponsored awards.

Principal Investigator Name:

Principal Investigator Signature:

Authorization	Printed Name	Signature	Date
Business Center or Department			
Dean, Director, Dept. Head 1			
OSRAA 2			

1	Dean, Director, or Dept. Head approval required for Principal Investigator labor distribution, see Instructions.
2	OSRAA approval required for some LDs, see Instructions.