

LABOR DISTRIBUTION CHANGE AUTHORIZATION FORM PROCEDURES

Purpose:

A. This form is to be used to authorize a change in labor distribution for one employee for a **prior period** using the following criteria:

1. Employee had an active assignment and Labor Distribution for the period referenced.
2. The transaction does not affect current or future periods.

B. The labor distribution change is recorded separately in Banner HR by the HR department and in Banner Finance by the Fiscal office. Banner HR records are used to record and change the allocation of effort. Banner Finance records are used to record and change the employee's pay.

NOTES:

1. The Banner HR allocation feeds the time and effort system.
2. A separate cost transfer form is no longer required; the documentation required to justify the cost transfer has been incorporated into the LDCA form.

Procedures:

A. Form completion:

1. Complete the form following the instruction sheet.
2. Route for signature.

B. Form routing:

1. The department sends the completed and signed form to the Dean's office.
2. After review and signature, the Dean's office sends the form to fiscal administration - research.
3. Fiscal Administration - Research logs the form and routes to fiscal services, if required.
4. The approved LDCA is processed into a subsystem and bi-weekly the subsystem uploads the transactions into FRS.
5. The form is routed to budget; budget routes to HR.
6. HR then enters the reallocation of labor into Banner HR

C. Tracking the processing of the form:

1. The LDCA is entered into the LDCA log upon receipt in the grants and contracts office. The log is uploaded nightly into the T&E system for viewing.
2. The Banner HR date field in the log denotes the date the labor reallocation has been posted into the HR system.
3. Time and effort reports must be reviewed and revised to conform with the LDCA reallocation.

D. Where LDCA changes are made to more than one account, PI's for all affected accounts must approve the change. Each PI's administrator should receive a copy of the completed LDCA. The contact person is responsible for the distribution of the form.

UConn Health

LABOR DISTRIBUTION CHANGE AUTHORIZATION

EMPLOYEE BANNER OR STATE ID#	[GRANTS OFFICE / GENERAL ACCOUNTING USE ONLY] REALL #	DEPT. ASSIGNMENT NAME
PAY PERIOD		DEPT. ORG. #
FIRST NAME	LAST NAME	MI

PREVIOUS CODING

INDEX	FUND	ORG	PROG	ACTV	%
Total (must equal 100%)					

NEW CODING

INDEX	FUND	ORG	PROG	ACTV	%
Total (must equal 100%)					

CONTACT PERSON	EMAIL	PHONE
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IF THE CHANGE INCREASES THE CHARGE TO A FEDERALLY FUNDED ACCOUNT A DETAILED EXPLANATION MUST BE PROVIDED UNDER A., B. AND C. AS APPLICABLE:

A. BOOKKEEPING OR CLERICAL ERROR OR OTHER JUSTIFICATION ("TO CORRECT ERROR" OR "TO TRANSFER TO CORRECT PROJECT" IS NOT AN ACCEPTABLE EXPLANATION):

B. CLOSELY RELATED PROJECT (COSTS THAT BENEFIT TWO OR MORE PROJECTS).

C. IF THIS DOCUMENT IS DATED MORE THAN 120 DAYS PAST THE DATE OF THE ORIGINAL TRANSACTION, PLEASE PROVIDE AN EXPLANATION BELOW.

NOTES

PI	DATE	ACCOUNTING / GRANTS	DATE
DEPT. HEAD / ADMINISTRATOR	DATE	BUDGET	DATE
DEAN'S OFFICE	DATE	HR / PAYROLL	DATE