



Distribution Adjustment Request Form

A **Labor Distribution Adjustment** is a request to change labor costs incurred by HPHC/I employees and is accomplished through the Labor Distribution module by the DPM Administrator for Labor Systems.

Cost Transfers, Distribution Adjustments and Miscellaneous Transactions move expenses previously recorded in one award to another. In order to comply with federal regulations all transfer requests must be completed within 90 days of the original charge.

PROCEDURE:

- Complete the Distribution Adjustment Request Form in its entirety, ensuring that information is correct and justification answers are thorough.
- Once completed, acquire the required signatures and submit the Request Form to your respective grants manager for review and processing. Be sure to include proper documentation as backup when submitting the Distribution Adjustment to your grants manager. Proper documentation includes: highlighted actuals from the period of the original expense, email correspondences relating to the discovery of the error, and a signed Time & Effort Certificate for which the Distribution Adjustment Request is related.
- The grants manager will then review, sign-off and route to the Director of OSP for final approval and or to the Executive Director if necessary. At this stage, the grants manager will route the Distribution Adjustment Request Form to Sr. Financial Analyst for final processing.

Date:

MOVE EXPENSE FROM:

Project #:

Project End Date:

Award #:

Expenditure Type:

Amount:

MOVE EXPENSE TO:

Project #:

Project End Date:

Award #:

Expenditure Type:

Amount:

Required Information for Distribution Adjustments

Employee Name:
Employee #:
Dates Requested:
Pay Periods:

Distribution Adjustment Justification:

Specify the transaction being moved and how it directly relates to the award(s) it is being moved to.

How/when was this error or situation discovered? Include the reason this was originally charged to the incorrect project.

How will this error or situation be prevented from occurring in the future?



Distribution Adjustment Signature Page

Requested By: PM/PI of award that expense is being moved from:

Signature: Name: _____
Title: _____
Date: _____

PM Supervisor

Signature: Name: _____
Title: _____
Date: _____

Labor Change Requested For: Employee for which a Time & Effort Certificate has been signed:

Signature: Name: _____
Title: _____
Date: _____

Approved By: PM/PI of award that expense is being moved to:

Signature: Name: _____
Title: _____
Date: _____

Signature: Name: _____
Title: **Grants Manager**
Date: _____

Signature: Name: _____
Title: **Director, OSP/AH/PH Accounts**
Date: _____

Signature: Name: _____
Title: **DPM Director of Finance/AF/PF Accounts**
Date: _____

Signature: Name: _____
Title: **Executive Director**
Date: _____

The following signature certifies that this Distribution Adjustment Request has been completed:

Signature: Name: _____
Title: _____
Date: _____