

# REVISION OF LABOR DISTRIBUTION



**TEACHERS COLLEGE,  
COLUMBIA UNIVERSITY**

Division: \_\_\_\_\_ Dept./Center: \_\_\_\_\_

Dept./Center TC Box #: \_\_\_\_\_ TC Ext: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**For Department and Division Use Only:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

TC ID #: T

Position #:

Suffix #:

"POS" on Labor Distribution Report (LDR)

"SU" on LDR

Labor distribution revision for the following period: Start Date \_\_\_/\_\_\_/\_\_\_ End Date \_\_\_/\_\_\_/\_\_\_ Term \_\_\_\_\_

**Salary Allocation:**

<i>Current Distribution</i>						<i>New Distribution</i>						
Index		Account		%	Subtotal	Index		Account		%	Subtotal	
*Amounts should be equal				TOTAL	100%	*	TOTAL				100%	*

Requested by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Recommended by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(Dept. Head / Principal Investigator / Center Director) (Division Director)

**Grant's Office Use Only:**

Reviewed and Approved by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Controller's Office Use Only:**

Revision of distribution effective date (NBAJOBS): \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Journal entry for prior months changes posted in Month of: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

PIDM: \_\_\_\_\_ HR Adjustment Processed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## **Instructions for Completing the Revision of Labor Distribution form**

*This form is to request a salary distribution **revision** (not correction) both for past salary charges and future salary charges.*

*This form is not to be used for:*

- *more than one appointment,*
- *any request that has a salary impact (supplemental recommendation, salary increase, date change, etc...)*
- *any request for a salary distribution correction (corrections should be submitted on labor reports)*

### Departments and Division Use:

#### *General Information*

Enter the Division Number, Department/Center, and Department/Center TC Box #, TC extension, along with the date the form is being completed. Also, enter the appointee's name, Teachers College number (T#), Position Number, and Suffix Number. Please refer to your monthly Labor Distribution Report (LDR) to identify the position and suffix number associated with the appointment you want to revise. The Position Number is listed as "POS" and the Suffix Number is listed as "SU" on the LDR.

Enter the Start date and End date of the revision.

#### *Salary Allocation*

#### *Current Distribution*

Indicate the distribution of the salary charges as they are listed on the LDR for the period to be revised. Only one distribution can be listed per form. If the appointment was paid over several distributions for the period to be revised, use as many forms as necessary to list all the different distributions on the LDR and adjust the Start and End Date accordingly.

#### *New Distribution*

Indicate the revised distribution for the period corresponding to the old distribution. The total salary for the current distribution and the new distribution should equal.

#### *Authorizations*

The department head, principal investigator, or center director should sign the line designated "Requested by." The hierarchical superior of the requesting department head should sign and date the line entitled "Recommended by".

**THIS FORM IS TO BE SENT FROM THE CENTER/DIVISION *DIRECTLY* TO THE CONTROLLERS OFFICE. NO FURTHER APPROVALS ARE NECESSARY.**

### Grant's Office Use:

The staff who reviews the request should sign and date the form in this area.

### Controller's Office Use:

Specify the effective date of the revision, the month in which the adjusting entry for past months changes has been posted, date and sign after each change completed.