UConn Health

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 HRS by the HR department and in FRS by the Fiscal office. HRS records are used to record and change the allocation of effort. FRS records are used to record and change the employee's pay.

NOTES:

1. The HRS 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 HRS

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. After the LDCA reallocation has been processed, a REALL number is assigned to the record in the LDCA log. The first two digits of the REALL number indicate the pay cycle in which the reallocation of funds will be posted into FRS.
- 3. The HRS date field in the log denotes the date the labor reallocation has been posted into the HR system.
- 4. 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#		OFFICE / GENERAL GUSE ONLY] REALL #	DEPT. ASSIGNMENT NAME				
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PAY PERIOD	_		DEPT. ORG. #				
FIRST NAME	LAST NAME			мі			
PREVIOUS CODING		NEW CODING	ءَ %				
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Total (must equal	100%)		Total (must e	egual 100%)			
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CONTACT PERSON		EMAIL	· · · · · · · · · · · · · · · · · · ·	PHONE			
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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).							
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C. IF THIS DOCUMENT IS DATED MORE THAN 120 DAYS PAST THE DA	TE OF THE ORIGINAL 1	RANSACTION, PLEASE PRO	VIDE AN EXPLANATION BELOW	<i>I</i> .			
NOTES							
PI	DATE	ACCOUNTING / GRAN	Te	DAT	=		

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