

**Labor Distribution Request Form**

Please complete this form and route to Research Accounting (BO-RA)

For inquiries regarding this form, call 5-3667

Employee Name : \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Requested By: \_\_\_\_\_

Title of Employee: \_\_\_\_\_ Research Accountant: \_\_\_\_\_

Position Number: \_\_\_\_\_ Annual Salary Rate: \_\_\_\_\_ Appt: 9 month 12 month

From index: \_\_\_\_\_ To index: \_\_\_\_\_ Period from: \_\_\_\_\_ to: \_\_\_\_\_ Appt % or \$ AMT \_\_\_\_\_

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Remarks:

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RA Approval \_\_\_\_\_