SUNY RF
The Research Foundation for
The State University of New York

LABOR DISTRIBUTION FORM

Department: _____ PI/Contact Name: _____ PI/Contact Phone: _____

PEOPLE DATA

Full Time FTE	Last Name:	First Name:	Middle Initial:	Person #:

LABOR DISTRIBUTION

Project	Task	Award	Expenditure Type	Date From	Date To	☐ Annual ☐ B / W ☐ Total	Actual %	LD %

Approvals (Acceptance Statement N/A)

Employee Signature

Principal Investigator

Chair/Dean/VP

For Business Office Use

H.R. Reviewed Date

Assignment # Date

Assignment Input Date

Distribution Input Date

HRS Date Stamp

Rev. 0503126