



Department: \_\_\_\_\_ PI/Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PEOPLE DATA**

Full Time FTE <input type="text"/>	Last Name: _____	First Name: _____	Middle Initial: _____	Person #: _____
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**LABOR DISTRIBUTION**

Project	Task	Award	Expenditure Type	Date		<input type="checkbox"/> Annual <input type="checkbox"/> B / W <input type="checkbox"/> Total	Actual %	LD %
				From	To			

Approvals (Acceptance Statement N/A)  _____  Principal Investigator _____ Date _____  Chair/Dean/VP _____ Date _____	For Business Office Use		Date Stamp
	H.R. Reviewed _____	Date _____	
	Assignment # _____	Date _____	
	Assignment Input _____	Date _____	
	Distribution Input _____	Date _____	