



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

PEOPLE DATA

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|------------------------------------|------------------|-------------------|-----------------------|-----------------|
| 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 % |
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| 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 _____ | |