

DATE

SPA Document No.



Payroll Document No.

Assign a random identifying number for tracking in the applicable redistribution type - enter N/A for the other.

Change in Labor Distribution and Redistribution - submit to cldr-spa@wayne.edu

- Send to SPA if the redistribution involves grant/contract funds.
- Send to Payroll if the redistribution is exclusively to non-grant/contract fund FOAPALS

Banner ID	Last Name	First Name	Middle Name	EClass	PayID	
Position	Suffix	S/C/D	Home Dept	Dept Name	Contact Name	Phone Number

FOAPALS Changed From:

Note: The FOAPALS list should include any previous retroactive changes, not just NBAJOBS distribution.

Start Date of Change: _____

Index	Fund	Organization	Account	Program	Current Percent

FOAPALS Changed To:

Start Date of Change: _____

Index	Fund	Organization	Account	Program	Current Percent

Start Date of Redistribution: _____

End Date of Redistribution: _____

An EPAF was Processed Effective: _____

(Date on NBAJOBS Labor Distribution)

90 DAY WAIVER - If a 90 day waiver is being processed, check this circle and provide justification in the comments section below.

Division Signatures: download form to desktop to add digital signatures

Authorized Signature:

Date:

Concurrent Signature:

Date:

Department:

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