

Boston College, OSP Labor Redistribution Form

Prepared By (please print):		Date Prepared:		
	Please complet To provide additional details, please use the sp	te this form and answer all questions preadsheet template – Labor Redistr		
1)	This form is a request to move a salary-related cost that has been posted. Please explain why the cost should be moved and how that determination was made. For example, if the cost was incorrectly posted (an error occurred), please explain what caused the error, and how it was discovered.			
2)	2) If the posted cost is being transferred to another chartstring, please explain what makes the cost appropriate to the chartstring now receiving the cost (how it is allowable, allocable, and reasonable; and how the cost directly benefits the chartstring/project now being charged).			
3)	3) Is this Labor Redistributions greater than 90 days from the original transaction date? If yes, please provide the extenuating circumstance(s) for the delay in processing the cost transfer.			
4) What action will be, or has been, taken to prevent this issue from recurring?				
Approval Signatures NOTE: By signing below, the Principal Investigator certifies that the Labor Redistribution is an allowable, allocable, and reasonable cost for the sponsored project to be charged, and that the expenditure complies with the terms, conditions, and restrictions of the sponsor.				
Pri	ncipal Investigator:			
Pri	nt:	Signature:	Date:	
Dean, Chairperson or other Authorized Official: (Signature only for Labor Redistributions initiated more than 90 days after date of discovery.)				
Pri	nt:	Signature:	Date:	
Office for Sponsored Programs:				
Pri	nt:	Signature:	Date:	

Please attach copies of the original transaction documentation (TDR-Transaction Detail Report, ECR-Employee Change Request, or any additional paperwork), and forward to the Office for Sponsored Programs.

ALL LABOR REDISTRIBUTIONS SHOULD BE MADE WITHIN 90 DAYS OF THE ORIGINAL TRANSACTION DATE