



New Mexico State University

Human Resource Services

Labor Personnel Action Form (LPAF)

Completed form should be submitted to MSC 3HRS or Hadley Hall, Room 17

Section: 1 **EMPLOYEE INFORMATION**

Employee ID: _____ Employee Name (Last, First, MI): _____
 Position#: _____ Suffix: _____ ECLS: _____ Org: _____

Section: 2 **CHANGE LABOR DISTRIBUTION**

Effective Date: _____ **Change Code:** LABOR - Change Labor Distribution

Instructions: This form is used to make a change to future job labor distributions. To make a change, indicate the Grant, Index, Fund and Percentage of the new labor distribution. The total percentage of labor distribution listed must be 100%. Labor distribution changes are effective on either the 1st or 16th of the month and must include a full pay period. Only one effective dated action may be made per form. Retroactive changes to labor distribution (actual salary expense) must be submitted using the Labor Redistribution Form available on the HR Services forms web page.

Grant: _____	Index: _____	Fund: _____	Percent: _____%
Grant: _____	Index: _____	Fund: _____	Percent: _____%
Grant: _____	Index: _____	Fund: _____	Percent: _____%
Grant: _____	Index: _____	Fund: _____	Percent: _____%
Grant: _____	Index: _____	Fund: _____	Percent: _____%
Grant: _____	Index: _____	Fund: _____	Percent: _____%
Grant: _____	Index: _____	Fund: _____	Percent: _____%
Grant: _____	Index: _____	Fund: _____	Percent: _____%
			Total: _____%

Section: 3 **REASON FOR CHANGE/COMMENTS**

Section: 4 (Must be completed) **REQUESTOR INFORMATION**

Requestor Name: _____ Email: _____ Phone: _____

Section: 5 (Must be completed) **APPROVAL**

Print Name: _____ Signature: _____ Date: _____

Principal Investigator Dean/VP/CC President Designee

	Internal Use Only
	_____ Payroll