



Staff/Postdoc/GSR Distribution Change Request
Please e-mail the completed form to: staffDCR@mednet.ucla.edu

Please complete the distribution table below to request funding distribution adjustments for staff personnel.
If you are requesting **retroactive changes**, please answer the questionnaire below the tables.

Empl Name: UCPATH Empl ID: Position Number:
Dept Code: Job Code: Job Title: Comp Rate: FTE:

☐ Check box if requesting multiple distribution changes within a quarterly period.

Effective Date:

	Account	CC	Fund	Project	Sub	Current Distribution	New Distribution	Fund Manager Approval
1.								
2.								
3.								
4.								
5.								

Effective Date:

	Account	CC	Fund	Project	Sub	Current Distribution	New Distribution	Fund Manager Approval
1.								
2.								
3.								
4.								
5.								

**If additional lines are needed, use additional page*

1. Explain how the error occurred and why is the transfer being requested. (If partial transfer, explain the basis for proration and/or split)
2. Who approved the transfer of funds? (e.g., Name of PI, Department CAO)
3. How does the transfer benefit or impact the new funding source being charged?

Please note that questions 4 & 5 are only required if the requested retroactive change is over 120 days after the original transaction date or for expired funds over 90 days after the fund end date.

4. Explain the delay if the transfer is > 120 days after the original transaction date and/or > 90 days after the fund end date.
5. Does transfer impact the certified effort report? If so, justify this change and update ERS.

PI Signature Print Name Date Center/Division Administrator Print Name Date

Comments:

Received by OES:

Received by Finance:

Last Updated 11/6/2025