



Research and Development Administration  
 Office of Proposal & Award Management  
 0690 SW Bancroft, Portland OR 97239  
 Mailcode: L106OPAM Email: spaeffrt@ohsu.edu

## LABOR COST TRANSFER APPROVAL (LCTA) FORM

*This form is required for labor distribution adjustments that are effective 90 days or more prior to their entry date or that affect a closed effort certification period, and which do not meet the criteria for OPAM expedited review and approval (see instructions for more information). You may email the completed LCTA to spaeffrt@ohsu.edu. Digital and/or scanned signatures will be accepted.*

Employee Name:	Employee #:	LD Batch Name:
		<i>A separate LCTA must be submitted for each LD batch</i>
Preparer Name:	Date:	
<b>EFFORT CERTIFICATION:</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the transfer affect a Federal award? <i>If "No", continue to the Background section.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the transfer affect a closed effort certification period? <i>If "No", continue to the Background section.</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If an Effort Certification Statement (ECS) was previously signed and submitted, does this transfer change the previously certified effort on any federal project by more than 5%?
<p><b>If this transfer involves a closed effort certification period, please read and follow the instructions below.</b></p> <p>* If this transfer affects a Federal award and an ECS has not been previously submitted, please attach a certified ECS.</p> <p>* If this transfer affects a Federal award on a previously submitted ECS by more than 5%, please attach an amended and certified ECS and a completed Effort Recertification form.</p>		
<b>BACKGROUND:</b>		
<p><b>SPECIFIC ROLE:</b> Describe the specific role of the employee and the type of activity the employee is performing to benefit the project now being charged. Please be specific about the activity and how it relates to the scope of work.</p>		
<p><b>HISTORY:</b> Why was the labor originally charged to an incorrect account?</p>		
<p><b>TIMELINESS:</b> Is the entry date 90 days or more after the effective start date? If yes, explain the reason for the delay in initiating the entry.</p>		
<p><b>CORRECTIVE ACTION:</b> If 90 days or more, describe what action has been taken to eliminate future need for untimely cost transfers.</p>		
<b>Department Approval Signature(s):</b>		
Award or Project Fiscal Manager - Date <i>Required for all adjustments - See instructions</i>		Principal Investigator - Date <i>Required only for adjustments affecting Federal awards</i>

<b>FOR OPAM INTERNAL USE ONLY:</b>		
OPAM Analyst - Date	OPAM Analyst - Date	OPAM Analyst - Date
OPAM Analyst - Date	Institutional Effort Coordinator - Date	OPAM LD Approver - Date