Detail Labor Cost Adjustment (DLCA) Approval Form

All DLCA requests must be submitted to the Finance Office via email at DetailLaborAdjustments@noaa.gov

Provide General Journal Number or range of General Journal Numbers being submitted:
(If additional rows are needed please use table on next page)

GJ Number	From		To	
	Fund Code	Program Code (1-4)	Fund Code	Program Code (1-4)

Provide a clear and concise explanation for the correction:

Approval signature from the Originator's Supervisor:

I certify that I have reviewed and approve the adjustment(s) listed above for further processing. Additionally, this adjustment was not split or reduced to avoid the threshold review and approval requirement and that it does not constitute a reprogramming of any funds.

Signature: _____ Date: _____

Print Name: _____Title: _____

Does this DLCA transfer costs across FMC's? ____**Yes** ____**No**	**IF YES:** ***Approval signature from the affected Financial Management Centers (FMC) when transfers between FMCs are requested:*** I certify that I have reviewed and approve the adjustment(s) listed above for further processing. Additionally, this adjustment does not constitute a reprogramming of any funds. Signature: _____ Date: _____ Print Name: _____Title: _____ Affected FMC: _____
Does this DLCA transfer funds across Program Codes and/or Fund Codes and/or Fund Code Fiscal Years? ____**Yes** ____**No**	**IF YES:** ***Approval signature from the FMC Director or FMC Deputy Director:*** I certify that I have reviewed and approve the adjustment(s) listed above for further processing. Additionally, this adjustment does not constitute a reprogramming of any funds. Signature: _____ Date: _____ Print Name: _____Title: _____
Does this DLCA meet the $500K Threshold? ____**Yes** ____**No**	**IF YES:** ***Approval signature from the LO Chief Financial Officer (CFO) or Staff Office Director*** **AND** ***Approval signature from the respective bureau Budget Execution:*** I certify that I have reviewed and approve the adjustment(s) listed above for further processing. Additionally, this adjustment does not constitute a reprogramming of any funds. Signature: _____ Date: _____ Print Name: _____Title: _____ Signature: _____ Date: _____ Print Name: _____Title: _____
Does this DLCA correct costs not incurred in the last 6 consecutive pay periods? ____**Yes** ____**No**	**IF YES:** ***Approval signature from the FMC Director or FMC Deputy Director:*** Signature: _____ Date:_____ Print Name: _____Title: _____

Detail Labor Cost Adjustment (DLCA) Approval Form

All DLCA requests must be submitted to the Finance Office via email at DetailLaborAdjustments@noaa.gov

General Journal Number or range of General Journal Numbers being submitted (continued from above)

GJ Number	From		To	
	Fund Code	Program Code (1-4)	Fund Code	Program Code (1-4)