Form Last Updated: 10/1/2015

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)

Fund Code Program Code (1-4) Fund Code Program Code (1-4)	GJ Number		From		То				
Ipproval signature from the Originator's Supervisor: certify that I have reviewed and approve the adjustment(s) listed above for further processing. Additionally, this adjustment was not split or educed to avoid the threshold review and approval requirement and that it does not constitute a reprogramming of any funds. ignature:		Fund Code	Program Code (1-4)	Fund Code	Program Code (1-4)				
Ipproval signature from the Originator's Supervisor: certify that I have reviewed and approve the adjustment(s) listed above for further processing. Additionally, this adjustment was not split or educed to avoid the threshold review and approval requirement and that it does not constitute a reprogramming of any funds. ignature:									
Ipproval signature from the Originator's Supervisor: certify that I have reviewed and approve the adjustment(s) listed above for further processing. Additionally, this adjustment was not split or educed to avoid the threshold review and approval requirement and that it does not constitute a reprogramming of any funds. ignature:									
Ipproval signature from the Originator's Supervisor: certify that I have reviewed and approve the adjustment(s) listed above for further processing. Additionally, this adjustment was not split or educed to avoid the threshold review and approval requirement and that it does not constitute a reprogramming of any funds. ignature:									
Ipproval signature from the Originator's Supervisor: certify that I have reviewed and approve the adjustment(s) listed above for further processing. Additionally, this adjustment was not split or educed to avoid the threshold review and approval requirement and that it does not constitute a reprogramming of any funds. ignature:	Provide a clear and consise	ovelopation for the correction	n.						
certify that I have reviewed and approve the adjustment(s) listed above for further processing. Additionally, this adjustment was not split or educed to avoid the threshold review and approval requirement and that it does not constitute a reprogramming of any funds. Date:	Tovide a clear and concise	explanation for the correction	<u>III.</u>						
certify that I have reviewed and approve the adjustment(s) listed above for further processing. Additionally, this adjustment was not split or educed to avoid the threshold review and approval requirement and that it does not constitute a reprogramming of any funds. Date:									
certify that I have reviewed and approve the adjustment(s) listed above for further processing. Additionally, this adjustment was not split or educed to avoid the threshold review and approval requirement and that it does not constitute a reprogramming of any funds. Date:	Approval signature from th	e Originator's Supervisor:							
ignature:			ad above for further process	ing Additionally this adjus	tmont was not split or				
ignature:	•								
Does this DLCA transfer costs across FMC's? YesNo No		and a construction of the							
Does this DLCA transfer costs across FMC's? YesNo No	ignature:	Date:							
IF YES: Approval signature from the affected Financial Management Centers (FMC) when transfers between FMCs are requested: 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:									
costs across FMC's? YesNo	Print Name:			Title:					
costs across FMC's? YesNo	Does this DLCA transfer	IF VFS: Approval signature t	from the affected Financi	al Management Centers	(FMC) when transfers				
Tertify 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:									
Additionally, this adjustment does not constitute a reprogramming of any funds. Signature:		· · · · · · · · · · · · · · · · · · ·							
Signature:	Yes No								
Print Name:		Additionally, this adjustment does not constitute a reprogramming or any rands.							
Affected FMC: Does this DLCA transfer funds across		Signature:		Date:					
Affected FMC: Does this DLCA transfer funds across									
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:		Print Name:		Title:					
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:		A.C L.ENAG							
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:									
Program Codes and/or Fund Codes and/or Fund Code Fiscal Years? YesNo Print Name:		IF YES: Approval signature from the FMC Director or FMC Deputy Director:							
Fund Codes and/or Fund Code Fiscal Years? YesNo		I certify that I have reviewed and approve the adjustment(s) listed above for further processing.							
Signature: Date: Date:	Program Codes and/or	Additionally, this adjustment does not constitute a reprogramming of any funds.							
Print Name: Title: Does this DLCA meet the \$500K Threshold? 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: Print Name: Title: Signature: Does this DLCA correct costs not incurred in the last 6 consecutive pay periods? DIAMETER OF THE PROCESSING AND Approval signature from the FMC Director or FMC Deputy Director: Title: Date: D	Fund Codes and/or			_					
Does this DLCA meet the \$500K Threshold? 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:	Fund Code Fiscal Years?	Signature:		Date:					
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: Does this DLCA correct costs not incurred in the last 6 consecutive pay periods? Signature: Date: Date: Date:	YesNo	Drint Name		Title					
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: Print Name: Title: Does this DLCA correct costs not incurred in the last 6 consecutive pay periods? 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. Date:	Daniel Lin Di CA		(
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:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	the \$500K Inreshold?								
Signature:	.,								
Print Name:	YesNo	Additionally, this adjustment	does not constitute a rep	programming of any fund	15.				
Print Name:		Signature:		Date:					
Signature:		<u></u>							
Print Name:		Print Name:		Title:					
Print Name:									
Does this DLCA correct costs not incurred in the last 6 consecutive pay periods? IF YES: Approval signature from the FMC Director or FMC Deputy Director: Date:		Signature:		Date:					
Does this DLCA correct costs not incurred in the last 6 consecutive pay periods? IF YES: Approval signature from the FMC Director or FMC Deputy Director: Date:		Duint Name		T:Ha.					
costs not incurred in the last 6 consecutive pay periods? Date:	B B. C.								
last 6 consecutive pay Signature: Date:		IF YES: Approval signature j	rom the FMC Director or	FMC Deputy Director:					
periods?									
		Signature:		Date:					
YesNo Print Name:IITIE:	•	Drint Name:		TIAL					
	YesNo	Print Name:		IITIE:					

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)

General Journal Number or ran	Fro	om	To	
	Fund Code	Program Code (1-4)	Fund Code	Program Code (1-4)