## U.S. Army Corps of Engineers (USACE) **LABOR COST TRANSFER** For use of tis form, see ER 37-1-30; the proponent agency is CERM-F. Purpose: This form is used to document and correct erroneous labor charges. **Employee Name** CEFMS II Employee ID Org. Code To From Labor Cost PPE or Type Hours Work Date Seq. ID # Hours Labor Code Description # Hours Labor Code Description Justification Were project funds available for the correct project at the time of occurrence? Yes No Detailed Justification: Employee's Name Employee's Signature Date Supervisor's Name Supervisor's Signature Date Form Initiator **CEFMS II Originator** RM Approver