



University of Alaska

Labor Redistribution

MAU/Major Administrative Unit (select one)		Check Distribution
Last Name	First	M.
Employee ID		Work Phone

PHAREDS **FY** _____

Pay ID	Begin Year (calendar)	Begin Pay No	End Year (calendar)	End Pay No	Posting Date (run date)
BW					

Selection Criteria

Position	Suffix	Effective Date	EC	COA
		(default)		B
Fund	Orgn	Acct	Prog	

Earnings Labor Distributions

Run No.	Change	Hours	%	Amount	Fund	Orgn	Acct	Prog
_____	Old							
	New							
_____	Old							
	New							
_____	Old							
	New							
_____	Old							
	New							
_____	Old							
	New							

Reason for Change: _____
 I certify the above changes are true and correct. I authorize the transfer of labor and benefits to the accounts designated.

Completed by / Phone Number _____ Date _____ Grants & Contracts Approval (if applicable) _____ Date _____

Employee or Principal Investigator (required) _____ Date _____ Supervisor or Principal Investigator (required) _____ Date _____

For Office Use Only

Approved by _____ Date _____ Entered by _____ Date _____