

# Labor Redistribution Directions

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## **Purpose**

The labor redistribution (LR) process is used to transfer labor charges from one funding source to another. It may also be used to correct all fund, org, account and program code errors for labor charges.

## **Entry Schedule**

Labor redistributions at UAS are entered by the Administrative Services Office and/or the Grants and Contracts Office and are processed in scheduled adjustments run by Statewide Human Resources. The adjustment schedule is included on the HR Processing Calendar and available on the SWHR website ([SW HR Reference Documents](#)). In addition to the system having cut off dates for processing labor reallocations, UAS has a 60 day cost transfer policy.

On the calendar you will see payroll adjustments (ADJ##) listed on certain days. Each adjustment will be for specific pay runs (i.e. R16 – R19) and each run must be processed separately. The less current the pay run, the less frequently the adjustment process is done. Therefore, it is very important to process labor redistributions as soon as an error is identified.

## **Labor Report and Required Backup**

The first thing you will need to do is obtain a labor report either via a Toad query or DSD Query. Your report is required to show the following information:

1. Employee Name
2. Employee ID
3. Position Number and Suffix
4. Fiscal Year (FY) the labor posted to
5. Calendar Year (CY) the labor posted to
6. The accounting string where the labor booked (fund, org, acct and program code)
7. Pay Period or Pay Run Number
8. Seq # -Sequence Number
9. Number of hours charged per pay period
10. Dollar amount earned per pay period
11. EC-Earnings Code
12. TKL -Time Keep Location
13. Start and end date of the pay period

## Labor Redistribution Form

### Header Block

1. Enter the MAU/Major Administrative Unit – UAS
2. Check distribution –Department TKL.
3. Employee Name –Last Name, First Name, and Middle Initial. Must match time sheet.
4. Employee University ID# -3XXXXXXX
5. Employee's work phone # (optional-Not Required)

### PHAREDS Block

6. FY (fiscal year) –Designate the fiscal year in which the labor is recorded
7. Begin Year –Beginning calendar year in which the original labor charges to be corrected were processed.
8. Begin Pay No –Beginning pay period in which the original labor charges to be corrected were processed.
9. End Year –End calendar year in which the original labor charges to be corrected were processed.
10. End Pay No –End pay period in which the original labor charges to be corrected were processed.
11. Posting Date –**Leave blank, this is to be completed by the banner entry person.**

### Selection Criteria Block

12. Position Number –Employee's PCN
13. Suffix –Corresponding suffix to which the labor booked against
14. EC –Earning Code
15. Fund –Fund Number of the original distribution
16. Orgn –Org Code of the original distribution
17. Acct –Account Code of the original distribution
18. Prog –Program Code of the original distribution

### Earning Labor Distributions

19. Run No. –Pay period or payroll number to be redistributed
20. Change Old –Original distribution information
  - a. Hours –number of hours worked
  - b. Percent –percentage of time charged to the original accounting distribution
  - c. Amount –dollar amount earned
  - d. Fund, Orgn, Acct and Prog –original accounting information
21. Change New –New distribution information
  - a. Hours –total new hours must equal the old number of hours

- b. Percent – total new percentage of time charged to the new accounting distribution, must equal 100%
  - c. Amount –total new amount must equal the old amount
  - d. Fund, Orgn, Acct and Prog –new accounting information
22. Reason for change –explain why the redistribution is necessary

Signature Block

- 23. Completed by –Required
- 24. Grants & Contracts Approval –Required on restricted funds only
- 25. Employee or Principal Investigator –Required on restricted funds only
- 26. Supervisor or Principal Investigator –Required, supervisor or department head on all forms. This should be somebody with financial responsibility for the department or may be used as a second PI signature line if the LR employee is not the PI and signed on #25.

For Office Use Only

- 27. Approved by –to be signed by the Director or Assistant Director of Budget, Grants and Contracts
- 28. Entered by –to be signed by the person who entered the revision into banner

**Hints and Tips**

This form is not setup for employees with more than one funding source so in order to accommodate multiple funding sources you will need to use more than one Old and New groupings. Please list all of the old funding sources first and then all of the new. You can change the old and/or new to match what you need. For example:

I changed this to say Old because my employee is split between three funding sources.

Run No.	Change	Hours	%	Amount	Fund	Orgn	Acct	Prog
19	Old	40.00	50	722.00	105010	76100	1401	6163GA
	Old	20.00	25	361.00	105010	76102	1401	6163GA
19	Old	20.00	25	361.00	105010	76103	1401	6163GA
	New	40.00	50	722.00	105010	76100	1401	
19	New	40.00	50	722.00	105010	76102	1401	

I left this row blank and used whiteout to get rid of the old and used the new line for my second accounting information. If my employee needed three new I could have used the blank row for another New.



# University of Alaska

## Labor Redistribution

MAU/Major Administrative Unit (select one)		Check Distribution
1		2
Last Name	First	M.
3		
Employee ID		Work Phone
4		5

PHAREDS FY 6

Pay ID	Begin Year (calendar)	Begin Pay No	End Year (calendar)	End Pay No	Posting Date (run date)
BW	7	8	9	10	11

### Selection Criteria

Position	Suffix	Effective Date	EC	COA
12	13	(default)	14	B
Fund	Orgn	Acct	Prog	
15	16	17	18	

### Earnings Labor Distributions

Run No.	Change	Hours	%	Amount	Fund	Orgn	Acct	Prog
19	Old	20a	20b	20c	20d	20d	20d	20d
	New	21a	21b	21c	21d	21d	21d	21d
▼	Old							
	New							
▼	Old							
	New							
▼	Old							
	New							
▼	Old							
	New							
▼	Old							
	New							

Reason for Change: 22

I certify the above changes are true and correct. I authorize the transfer of labor and benefits to the accounts designated.

23	Date	24	Date
Completed by / Phone Number		Grants & Contracts Approval (if applicable)	
25	Date	26	Date
Employee or Principal Investigator (required)		Supervisor or Principal Investigator (required)	

### For Office Use Only

27	Date	28	Date
Approved by		Entered by	