



# University of Alaska

## Labor Redistribution

MAU/Major Administrative Unit (circle one)				Check Distribution	
UAA	UAF	UAS	SW		
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)
<b>BW</b>					

**Selection Criteria**

Position	Suffix	Effective Date	EC	COA
	(default)	(default)		<b>B</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
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