



# 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)	(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 \_\_\_\_\_