



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)
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
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