



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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Selection Criteria

Position	Suffix	Effective Date	EC	COA
<input type="text"/>	(default)	(default)	<input type="text"/>	B
Fund	Orgn	Acct	Prog	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Earnings Labor Distributions

Run No.	Change	Hours	%	Amount	Fund	Orgn	Acct	Prog
_____	Old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	New	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	Old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	New	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	Old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	New	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	Old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	New	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	Old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	New	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 _____