



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 _____