



University of Alaska

Labor Redistribution

Employee ID	Work Phone

PHAREDS

Pay ID	Begin Year (calendar)	Begin Pay No	End Year (calendar)	End Pay No	Posting 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 _____