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

EC	Run No.	Change	Hours	%	Amount	Fund	Orgn	Acct	Prog/Actv
	_____	Old							
		New							
	_____	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

FormB240 (9/20)

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