University of Alaska Labor Redistribution					Employee ID			Work Phone
PHAREDS Pay ID BW	Begin Y	ear (calendar)	Be	egin Pay No	End Year (calenda	ar) End Pay	No Posti	ng Date
Selection C Position Fund	riteria	Suffix (default Orgn		fective Date default) Acct	EC Prog	COA B		
Earnings I								
1	Change Did [New [Did [Hours	%	Amount	Fund	Orgn		Prog
1	New							
	Old New							
	Dld New							
	Dld New							
	Old New							
Reason for I certify the	_			correct. I auth		of labor and be	nefits to the a	accounts designated.
Completed by / Phone Number				Date	Grants & Contracts Approval (if applicable)			Date
Employee or Principal Investigator (required)				Date Supervisor or		oal Investigator (re	Date	
For Office L	Jse Only							
Approved by				Date	Entered by	Entered by		