



Labour Redistribution Request Form

Used to correct labour distribution charges

Employee Information: (please print)

Employee Number: A	Position Number:
Last Name:	First Name:

Labour Distribution Information:

Account Originally Charged

Budget Code:																									
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Account to be charged:

Budget Code:																									
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Effective Dates/Pay Periods: (MUST be current fiscal year)

Effective Dates:

From:	To:
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OR

Pay Period Range:

First Pay Period:	Last Pay Period:
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Reason Redistribution required:

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Dept Authorization: (Print).....

Date:

(Signature).....

Phone Ext:

Financial Planning Authorization:

Date:

Office Use Only

Date Processed in PHAREDS: _____
Date Processed in NBAPBUD _____
Date Processed in NBAJOBS: _____
Date Processed in PEAEMPL: _____