



Payroll Request Form

Job Change Reason _____

Identification

Name _____ UO ID _____ Position _____ Suffix _____
 Last _____ First _____ Middle _____
 Department _____ Time Entry Org _____ E Class _____

Job Detail

Effective Date _____ Type: Primary Annual Basis: _____
 Job End Date _____ Secondary 9 month
 Overload 12 month
 Title _____ (30 Char. [Abbreviations](#))
 Appt % (Actual FTE) _____ Hourly Rate \$ _____
Job Location: ([Outside Oregon](#)) Monthly Salary \$ _____
 City _____ Appt. Salary \$ _____
 State _____ Country _____ Base Rate \$ _____

Faculty Regular ProTem Visiting		

Labor Distribution (Please use a PAW for additional lines)

	Index	Fund	Org	Acct	Pgm	Activity	Monthly \$	%
1								
2								
3								
4								
5								
Total								

Remarks

Employee's Supervisor

Last Name _____ First Name _____
 UO ID _____ Position _____ Suffix _____

Authorization

Prepared	Print	Sign	Phone	Date