Payroll Request Form Job Change Reason _____

Identification										
Name				UO I	D		Positio	n	Suffix	
Last	First	Middle								_
Department	Tim	e Entry Org	E Class							_
Job Detail			Labor Distribution (Please use a PAW for ad				for addition	nal lines)		
Effective Date	Type: Pri	mary Annual Basis:	Index	Fund	Org	Acct	Pgm	Activity	Monthly \$	%
Job End Date		condary 9 month	1							
	Ov	verload 12 month	2							
Title		(30 Char. Abbreviations)	3 4							
Appt % (Actual FTE)		e \$	5							
			_ Total							
City Appt. Salary \$			Total							
State Country		\$								
			_							
Faculty										
Regular										
ProTem										
Visiting			Remarks							
			Homanic							
		Employee's Supervisor								
		Last Name First Name								
			UO ID Position Suffix							
Authorization	Print	Print S			Phone	Dat		<u>. </u>		
Prepared			- J							