

**Payroll Stipend Request Form**

Job Change Reason _____

Identification

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

Job Detail**Labor Distribution** (Please use a PAW for additional lines)

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

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

Faculty
 Regular
 ProTem
 Visiting

OA
 Regular
 Interim

Classified

Type _____
 Range _____
 Step _____

Remarks**Authorization****Print****Sign****Phone****Date**

Prepared By