



Payroll Stipend Request Form

Job Change Reason _____

Identification

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

Job Detail

Effective Date _____ Annual Basis: _____
 Job End Date _____ 9 month
 Type: 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 \$ _____

<p>Faculty</p> <p>Regular ProTem Visiting</p>	<p>OA</p> <p>Regular Interim</p>
<p>Classified</p> <p>Type _____ Range _____ Step _____</p>	

Labor Distribution (Please use a PAW for additional lines)

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

Remarks

Authorization

Prepared By	Print	Sign	Phone	Date
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