



# 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 \$ \_\_\_\_\_

<b>Faculty</b> Regular ProTem Visiting		

## Labor Distribution (Please use a PAW for additional lines)

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

## Remarks

## Employee's Supervisor

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 UO ID \_\_\_\_\_ Position \_\_\_\_\_ Suffix \_\_\_\_\_

## Authorization

Prepared	Print	Sign	Phone	Date