



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	OA	Temporary
Regular	Regular	Type _____
ProTem	Interim	Range _____
Visiting		Step _____
Classified	NCCI	
Type _____		
Range _____		
Step _____		

Labor Distribution (Please use a PAW for additional lines)

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

Employee Leave

Begin Date _____ End Date _____
 Reason _____

Employee Separation

Date _____ Reason _____

Remarks

Employee's Supervisor

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

Authorization

Prepared By _____
 Principal Investigator _____
 Dept Head _____
 Dean/Dir. _____
 Appt. Auth. (HR) _____

Print

Sign

Phone

Date

Document Routing:

Faculty	HR
OA	HR
Classified	HR
Temporary	HR
Labor Only	Payroll