



Unpaid Appointment Form

(Please send completed form to Academic Affairs for Courtesy, Emeritus, Retired and Post Doc's. Otherwise send directly to Payroll, Oregon Hall)

Purpose

New Appointment

Reappointment

Change

Terminate

Identification

UO ID _____

Position _____ Suffix _____

Name:

Last _____

First _____

Middle _____

Preferred First Name _____

Biographic

Date of Birth (MM/DD/YY) _____

Ethnic Code: American Indian or Alaska Native
Asian Black or African American
Hispanic or Latino
Native Hawaiian or Other Pacific Islander
White Decline

Gender: Male Female

Citizenship: US Resident Alien
Non-resident Alien

Country _____

Mailing Address

Street _____

City _____ State _____

Zip _____

County _____ Nation _____

Effective Date _____ (If address is changing)

Campus Address

Rm No. Bldg _____

Zip plus 4 _____ (4 digits after zip code)

Campus Phone _____

Home Phone _____ (Optional)

Effective Date _____ (If address is changing)

Email _____

Employee Info

Home Department Org _____

Dept Name _____

Job Info

Effective Date _____

End Date _____

Title _____

Rank _____

Remarks

Authorization

	Print	Sign	Phone	Date
Prepared By				
Dept Head				
Dean/Dir				
Appt Authority				