UNIVERSITY OF OREGON Business Affairs Office

Payroll Request Form

Job Change Reason Choose One

Identification

Name _____ _____ _____ UO ID _____ Position BUOWTA Suffix _____

Last First Middle

Department _____ Time Entry Org _____ E Class Choose One

Job Detail

Effective Date _____ **Type:** ☐ Primary **Annual Basis:**

Job End Date _____ ☐ Secondary ☐ 9 month

☐ Overload ☐ 12 month

Title _____ (30 Char. Abbreviations)

Appt % (Actual FTE) 100.00 Hourly Rate $ _____

Job Location: (Outside Oregon) Monthly Salary $ _____

City _____ Appt. Salary $ _____

State _____ Country _____ Base Rate $ _____

Faculty

☐ Regular

☐ ProTem

☐ Visiting

Labor Distribution (Please use a PAW for additional lines)

	Index	Fund	Org	Acct	Pgm	Activity	Monthly $	%
1	????			10209				
2								
3								
4								
5								
Total								

Remarks

Temporary appointment effective MM/DD/YYYY, title to be XXX, appointment salary of $XXX, end date of MM/DD/YYYY.

Employee's Supervisor

Last Name _____ First Name _____

UO ID _____ Position _____ Suffix ___

Authorization	Print	Sign	Phone	Date
Prepared				