

**Payroll Stipend Request Form**

Job Change Reason _____

Identification

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

Job Detail**Labor Distribution** (Please use a PAW for additional lines)

Effective Date _____ Annual Basis: _____
Job End Date _____ 9 month
Type: Overload 12 month
Title _____ (30 Char. [Abbreviations](#))
Appt % (Actual FTE) _____ Monthly Salary \$ _____

Job Location: ([Outside Oregon](#))

City _____

State _____ Country _____

Faculty

Regular

ProTem

Visiting

OA

Regular

Interim

Classified

Type _____

Range _____

Step _____

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

Remarks**Authorization****Print****Sign****Phone****Date**

Prepared By