



Payroll Request Form

Job Change Reason _____

Identification																																																																																	
Name _____			UO ID _____			Position _____		Suffix _____																																																																									
Last _____		First _____		Middle _____																																																																													
Department _____			Time Entry Org _____		E Class _____																																																																												
Job Detail					Labor Distribution																																																																												
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 \$ _____																																																																															
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Date _____		Dept Head																																																																															
Phone _____		Dean/Dir.																																																																															
		Appt. Auth.																																																																															

Payroll Accounting Web Page (click  for instructions)

Employee Info:

Full Name: ID Number:

Annual Salary: Annual Basis: Position: Suffix:

Financial Info:

Banner Labor Distribution

Effective date 06/16/2016 :: Monthly Salary \$5,860.47 :: Appointment Pct 97.67%

BUOOPX

10203

100.00%

ACCI	FUND	ORGN	ACCT	PROG	ACTV	Annual FTE	Appointment Salary	Actual FTE	Start	Stop
BUOOPX			10203			0.1111	6,000.00	0.9767	06/16/2016	07/15/2016
						0.1111	6,000.00			

Submission Info:

	Print	Sign	Phone	Date
Prepared By				03/02/2016
Dept Head				
Dean/Dir				
Grad. Sch.(GTFs)				

HRIS PAW 07/2014

Summer Term Teaching Appointment Memo

Date: March 25, 2016

To: Summer Instructor

From: Department Head

Re: Summer Term 2016 Teaching Assignment

Your 2016 summer term teaching assignment is the following:

Class Assignment	Start Date	End Date	FTE	Total Pay
Class 101a (4 Credits)	06/16/2016	07/15/2016	0.33	\$6,000

By your signature on this notice or confirmation via email, you agree to complete the duties and responsibilities of your position for the courses assigned. Normal expectations with regards to the responsibility to hold office hours and the timely submission of grades apply during the summer term. We reserve the right to CANCEL CLASSES due to inadequate enrollment. In the event of such a cancellation, this notice may be rescinded and the University will have no liability for such rescission.

Printed Name

Signature

Date