UNIVERSITY OF OREGON Business Affairs Office

Payroll Stipend Request Form

Job Change Reason

Identification

Name Last First Middle UO ID Position Suffix

Department Time Entry Org E Class

Job Detail

Effective Date

Job End Date

Annual Basis:
- ☐ 9 month
- ☐ 12 month

Type: ☑ Overload

Title Stipend (30 Char. Abbreviations)

Appt % (Actual FTE) 100.00

Job Location: (Outside Oregon)

City Appt. Salary $

State Country

Faculty
- ☐ Regular
- ☐ ProTem
- ☐ Visiting

OA
- ☐ Regular
- ☐ Interim

Classified

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								

Remarks

Stipend for [Moving/FIG/Retention/Administrative duties/Department Head/etc.] effective MM/DD/YYYY to MM/DD/YYYY for $XXX to be paid in total for 20YY [as a one-time payment/in monthly installments/on an annual basis/etc.]. Please see supporting documentation attached.

Authorization	Print	Sign	Phone	Date
Prepared By				