



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: <input type="checkbox"/> Primary		Annual Basis:		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Index</th> <th>Fund</th> <th>Org</th> <th>Acct</th> <th>Pgm</th> <th>Activity</th> <th>Monthly \$</th> <th>%</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="6" style="text-align: right;">Total</td> <td></td> <td></td> </tr> </tbody> </table>				Index	Fund	Org	Acct	Pgm	Activity	Monthly \$	%	1								2								3								4								5								6								7								Total							
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		<input type="checkbox"/> Overload		<input type="checkbox"/> 12 month																																																																													
Title _____ (30 Char. Abbreviations)																																																																																	
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Name _____			Principal Investigator		_____		_____		_____	_____																																																																							
Date _____			Dept Head		_____		_____		_____	_____																																																																							
Phone _____			Dean/Dir.		_____		_____		_____	_____																																																																							
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