



# Southwestern Oregon Community College Request for Payment Form

Received in Human Resources

- ACTION TO BE TAKEN:** (check all that apply)
- New Hire
  - Change in Account Numbers Only
  - Change in Position
  - Change in Pay
  - &/or Other Circumstances
  - Stipend (requires explanation in comment section)
  - Rehire
  - Other (specify): \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SSN or SOCC ID#:** \_\_\_\_\_  
(required for all new hires)

**JOB TITLE:** \_\_\_\_\_  
(title of job this request pertains to)

**Start Date:** \_\_\_\_\_ **End Date\*:** \_\_\_\_\_  
(Required on ALL forms.) \* If end date is specified, a new RFP must be submitted.

**OR**  **Continuing**  **Contingent on Funding**

### POSITION AND PAY INFORMATION:

#### MASSC

- Manager
- Administrator
- Specialist
- Supervisor
- Confidential

#### FACULTY

- FT Tenure Track
- FT Visiting
- FT Adjunct

- 10-month
  - 11-month
  - 12-month
  - Other (choose one of the below)
- \_\_\_\_\_ # of months per year or \_\_\_\_\_ % of Full-Time

- Annual Contract
- Time Sheet
- Stipend – No Contract
- Base Annual Salary \$ \_\_\_\_\_
- Contract Salary \$ \_\_\_\_\_
- FT Faculty Step \_\_\_\_\_ 10-month Amt \$ \_\_\_\_\_
- Stipend \$ \_\_\_\_\_
- Stipend Pay date \_\_\_\_\_ # of payments \_\_\_\_\_

### CLASSIFIED & ALL OTHER

- Regular Classified Position
- Tutor  Model  Nude Model
- Other \_\_\_\_\_
- Part Time Faculty

- Full-Time 32-40 hrs/wk
- Part-Time 20-31 hrs/wk
- Part-Time 10-19 hrs/wk
- Less than 10 hrs/wk

- Time Sheet
- Level \_\_\_\_\_ Step \_\_\_\_\_ Hourly Rate \$ \_\_\_\_\_
- Stipend \$ \_\_\_\_\_
- Stipend Pay date \_\_\_\_\_ # of payments \_\_\_\_\_

### Account(s) to Charge (required for ALL Changes):

Fund	/	Unit	/	Object Code	-	%
_____	/	_____	/	_____	-	_____ %
_____	/	_____	/	_____	-	_____ %
_____	/	_____	/	_____	-	_____ %
_____	/	_____	/	_____	-	_____ %

### Comments or Contract Information:

(Describe changes or contract parameters, including # of pmts, dates of services, account #'s and description of services provided.)

### **REQUIRED SIGNATURES:**

*Paperwork MUST be submitted to HR prior to the last working day of the month to guarantee payment on the next month's payroll.*

Supervisor/Manager \_\_\_\_\_ Date: \_\_\_\_\_

VP/ President: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_