



Payroll Action Form

Employee: _____ OSU ID: _____
 Title: _____ Classification: _____
 Org #: _____ Person Making Request: _____

Effective Date: _____ End Date: _____
 Amount: _____

Additional Pay:

ADH BON/BNR/SFA (Gross Up _____)
 QOD TGI/TXR/NCA
 SUP REG

Job Data:

JED Change Hire/Rehire
 FTE Change/Std. Hours Transfer
 Pay Rate Change Term/Retire
 Promotion/Demotion Other _____

Fee Auth:

Add Fee Auth Term Fee Auth
 Edit Fee Auth

Other:

New Position Description Post Job Opening
 Revise Position Description PET

JED INFORMATION:

_____%	Org:	Fund:	Account:	Function:	Project:	Program:	User Def:
_____%	Org:	Fund:	Account:	Function:	Project:	Program:	User Def:

Additional comments or attach supporting documentation:

Approver 1: _____ Date: _____
 Approver 2: _____ Date: _____