



## Employee Personnel Action Form (EPAF)

Employee Name: \_\_\_\_\_

ID Number: A \_\_\_\_\_ Date of Birth (if no ID #): \_\_\_\_\_ EPAF ACTION: \_\_\_\_\_

### Present Job Status (Only Complete Affected Fields):

Job Title: \_\_\_\_\_

Position Number: \_\_\_\_\_ Employee Type: \_\_\_\_\_ Pay Period: \_\_\_\_\_

Salary/Hour Rate: \_\_\_\_\_ Hours per Day: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Fund/Org./Account #'s: \_\_\_\_\_

### Proposed Job Status (New, Transfer, Promotion, Re-hire, Update to Affected Fields):

Job Title: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Position Number: \_\_\_\_\_ Employee Type: \_\_\_\_\_

Pay Period: \_\_\_\_\_ Salary/Hour Rate: \_\_\_\_\_

Hours per Day: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Fund/Org./Account #'s: \_\_\_\_\_

### Separation

Separation Type: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

Last Day of Work: \_\_\_\_\_

Remarks:

Form Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_ Extension: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Depart. Chair Signature or VP: \_\_\_\_\_ Date: \_\_\_\_\_

President Stafford: \_\_\_\_\_ Date: \_\_\_\_\_

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_ EPAF#: \_\_\_\_\_