



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#: _____