Employee Action Personnel Form (EPAF)

Employee Name: _____

ID Number: A_____   Date of Birth (if no ID #): _____   EPAF ACTION: _____

Present Job Status (update to current employee only):

Job Title: _____

Effective Date: _____   Position Number: _____   Employee Type: _____

Pay Period: _____   Salary/Hour Rate: _____   Hours per Day: _____

Fund/Org #s: _____   Supervisor (time sheet approver): _____

Proposed Job Status (New, Transfer, Promotion, Re-hire):

Job Title: _____

Beginning Date:_____   End Date: _____   Position Number: _____

Employee Type: _____   Pay Period: _____   Salary/Hour Rate: _____

Hours per Day: _____   Fund/Org #'s: _____

Supervisor (time sheet approver): _____

Separation

Reason for Separation: _____

Last Day of Work: _____

Form Prepared By: _____   **Date:** _____   **Extension:** _____

Remarks:

Supervisor Signature: _____   **Date:** _____

Depart. Chair Signature: _____   **Date:** _____

President Stafford: _____   **Date:** _____

HR Signature: _____   **Date:** _____   **EPAF#:** _____