



Employee Personnel Action 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#: _____