

EPAF REQUEST FORM

Electronic Personnel Action Form

Name: _____

V# _____

Requested by: _____

Date: _____

Type of Change (I.E. New Hire, change of labor distribution, termination, change of hourly rate and/or salary, reappointment): _____

Budget(s) and Percentage(s) to use: _____

PCN / Suffix: _____

Supervisor: _____

Effective Date: _____

End Date (Termination Date): _____

Hourly/Annual rate of pay: _____

Max hours per pay period: _____

Employee Type: _____

Job Location: _____

Timesheet Origin: _____

Home Organization _____

Pertinent comments for EPAF: _____
