

PSYCHOLOGY EPAF REQUEST

Requestor: _____ Contact info.: _____ Date: _____

Employee Name: _____		Banner ID#: _____	
Faculty:	Student:	Staff:	For staff only, please indicate - Exempt Non-Exempt
Title / Position #: _____		Current End Date: _____	
Effective Date: _____			

Action Requested (*Salary increase & job title changes are not processed with an EPAF. Pick up Job Extension form from Kim Larranaga for student hires.*)

Labor Distribution Change ☞ Fill out section below.

Change in Appt. Percent (FTE Change) ☞ Current FTE: _____ New FTE: _____

**Required Documents: A&S Staffing form & Change in Appt. form*

Term Extension ☞ New End Date: _____

**Required Documents: Term Extension Memo for Staff & A&S Staffing form*

Termination (End of Assign., Retirement, Resignation, Discharge for Cause) ☞ End Date: _____

**Required Documents: Separation Checklist; and if end of assignment need a Term Appt. Notification of Completion form*

Current Labor Distribution

Index: _____ Account Code: _____ Percent: _____

Index: _____ Account Code: _____ Percent: _____

Index: _____ Account Code: _____ Percent: _____

New Labor Distribution - Effective Date: _____

Index: _____ Account Code: _____ Percent: _____

Index: _____ Account Code: _____ Percent: _____

Index: _____ Account Code: _____ Percent: _____

Business Purpose Required:

By signing this form, I am verifying that I have reviewed the budget accordingly for the indices above, and this request remains in compliance with the approved indices.

Signature of Requestor: _____ (Note: "save as" & rename form before sending.)