



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. Contact Psychology Department Administrator for any other action not described on form.)

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: (Must include names of Dept. and CGA Approvers on indices not managed in Psychology):

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: _____ EPAF Processed by & Date: _____