

What You Need to Complete an EPAF

Employee Name: _____

Employee ID Number: _____

Employee Class (Student, T/C, Staff, faculty): _____

Position Number: _____

Start Date: _____

End Date: _____

Org: _____

I-9 Date: _____

Contract Type (Primary or Overload): _____

Rate of Pay: _____

Supervisor ID Number: _____

Supervisor Position Number: _____

Supervisor Suffix: _____

Who Needs to Approve this EPAF?

Why is this EPAF being completed?
