



Employee Personnel Action Form (EPAF)

Employee Name _____ KSU ID _____

Home Department _____ Dept ID _____

Regular Change Funding (Section A) Other Change (Section B)
 Temporary Effective Date of Change: _____ Termination (Section C) Reclass (Section B)

All changes to vacant positions must be processed via HireTouch. This form is only for use with current, occupied positions and will be used by HR to update existing positions within HireTouch on behalf of the user where the usual approval process is unnecessary.

Section A - Position Funding Data (all changes in position funding must be approved by Budget/Grants)

Funding Distribution: 100% from Home Department listed above Split Funded or Other Funded (detail below)
% _____ ADP Acct Code/Speed Type: _____ % _____ ADP Acct Code/Speed Type: _____ % _____ ADP Acct Code/Speed Type: _____

Funding comments:

Section B - Job Data/Position Data Changes (Reclassifications must also be processed via PeopleAdmin; this form cannot be used to initiate)

New Mgr: (responsibility for hiring, termination, performance evaluations) _____ New E-Time Supervisor: (responsible for approving time only) _____

New Pay Rate _____ New Std Hours per Week _____

New Campus Location: _____

Has a corresponding action been initiated in HireTouch? Yes No

Please give a short reason for the change:

Other Change/Comments: _____

Section C - Terminations

All terminations require a reason code; please select one from the options below. Reasons marked with an asterick (*) are ineligible for rehire.

- Resignation - please attach resignation letter
- Job Abandonment
- Mutual Consent
- Gross Misconduct*
- Staff Reduction
- Failure to Return from Leave
- Unsatisfactory Performance
- Insubordination*
- Attendance
- Other (please explain below)
- Misstatement on Application*
- Elimination of Position
- End of Temporary Position
- Violation of Rules*

Comments:

Section D - Approvals - to avoid a delay in processing, all job/position changes requiring a salary or budget change, including changes in hours or pay rate, must be approved by Budget prior to submission to Human Resources. If the change impacts new/existing grant funds, it must also be approved by Sponsored Programs.

Supervisor: _____ Signature _____ Date _____

Sponsored Programs: _____ Signature _____ Date _____

Budget Office _____ Signature _____ Date _____

AcadAffairs/ Bus Mgr: _____ Signature _____ Date _____

HR Use Only Comments: _____

Posn # _____ Assigned by: _____ Date Assigned: _____ Emplid _____ Entered by: _____ Date Entered: _____