

*Required



Student Employment Personnel Action Form (SEPAF)

*Student Name _____ *KSU Email _____ *KSU ID _____

*Home Dept _____ *Dept ID _____ *Mail Drop _____

*Effective Date of Change _____ *Location: Marietta Kennesaw

- New Hire (Sections A/B/D) Rehire (Sections A/B/D) Funding Change (Sections B/D) Termination (Sections C/D)
- Manager Chg (Section A - Reports to and eTime Approver, Sections C/D) Pay Rate Chg (Section A - Compensation Details, Sections C/D)

Section A - Job Data. Complete for new hires and rehires.

*Classification _____ *Reports to _____

Student Assistant *eTime Approver _____

Undergraduate Graduate

Graduate Assistantship

GRA GTA GA

Student Media

Federal Work Study (FWS) Student

SALT Student Assistant

*Compensation Details:

Hourly Rate (for Student Assistants, Federal Work Study Students, and SALT Student Assistants) Monthly Stipend (for GRA, GTA, GA, and Student Media)

Hourly Rate _____ Stipend (Per Month): _____

Stipend Start _____ Stipend End _____

HR Comments: _____

*Title (if different from classification above) _____

*Background Investigations (If position has access to children, is a position of trust, or requires after-hours access, pre-employment screening is required.) Criminal Credit MVR None

Section B - Position Funding Data. Complete for new hires, rehires, and funding changes.

- *Funding Distribution 100% from Home Department listed above SALT Funded (SALT Student must be checked above)
- Split Funded or Other Funded (detail below) FWS Funded (FWS Student must be checked above)

% _____ Speed Type: _____

% _____ Speed Type: _____

Comments regarding funding: _____

Section C - Reason/Explanation and Other Comments:

*Reason for Termination, Manager Change, or Pay Rate Change:

Section D - Hiring Authority Approval

*Hiring Manager: _____ Signature _____ Date _____

Dept Manager: _____ Signature _____ Date _____

Sponsored Ops / Budget: _____ Signature _____ Date _____

| | | | | | |
|--------------------|--------------------|-------------|--------------|-----------------|-------------------|
| HR Use Only | Comments: | | | | |
| Posn # _____ | Assigned by: _____ | Date: _____ | Emplid _____ | Paygroup: _____ | Entered by: _____ |
| | | | | | Date: _____ |