



Student Employment Personnel Action Form (SEPAF)

Request Date: _____

Student Name: _____

KSU NetID: _____ KSU ID #: _____

Student Email: _____

Student Phone Number: _____

Home Department: _____

Dept. ID: _____

(If home department is new, please complete Section "C")

Employee Type: _____

Mail Drop: _____

Requested Start Date: _____

Location: _____

(Effective Date will be determined by HR based on paperwork completion and payroll dates)

Section A. Position Information

New Manager: _____

New Manager Position # (from OneUSG): _____

New Time Approver: _____

New Time Approver Empl ID# (from OneUSG): _____

New Campus Location: _____

Working Title (if different from Employee Type): _____

Termination (All terminations require a reason code. Please select one from below. Reasons marked with an asterisk (*) are ineligible for rehire.)

Reason: _____

Last Date on Payroll: _____

Pay Rate: _____

Hourly (for SA, FWS, SALT)

Monthly Stipend (for GRA, GTA, GA)

Start Date: _____ End Date: _____

Background Checks Needed: None Criminal Credit MVR

(If position has access to children, is a position of trust, or requires after-hours access, pre-employment screening is required.)

Use this space to provide a brief description of work to be performed or, for terminations, an explanation if you chose the reason "Other":

Section C. Position Funding Data Changes (If this change involves grant funding, the Grants Office must also approve.)

Select Funding Type: _____

If "Split Funded" or "Other Funded" is selected, please list applicable Combo Codes and Speed Types and the corresponding value for percent of pay or dollar amount. Please note that all future distributions must be listed as a percent of pay. If this change is only applicable to past distributions, then you may enter a corresponding dollar amount.

Combo Code/Speed Type	\$ or % of Pay

Section D. Approvals (If the change impacts new/existing grant funds, it must also be approved by the Grants Office.)

Required Signatures:

	Hiring Manager	Department Manager	Grants	Send to: (Only send to one email. If in doubt, send to budget@kennesaw.edu)
Sec. A	Yes	No	No	hr@kennesaw.edu
Sec. B	Yes	Yes	If funding involves grant	hr@kennesaw.edu
Sec. C	Yes	Yes	If funding involves grant	budget@kennesaw.edu

Hiring Manager: _____ Signature: _____ Date: _____

Dept. Manager: _____ Signature: _____ Date: _____

Grants (if app): _____ Signature: _____ Date: _____



Student Employment Personnel Action Form (SEPAF)

*****To be completed by HR/Budget ONLY** (Please ensure both pages are submitted)***

Student Name: _____

KSU NetID: _____ KSU ID #: _____

Home Department: _____

Dept. ID: _____

Date Request Received: _____

Received By: _____

Approved Effective Date: _____

New Requested Pay Rate (if applicable): _____

Budget Reference Number: _____

Funding Approved: N/A Yes – By: _____

Section A. Employment Changes

Action	Budget		HR		Completed By	Date Completed
	Yes	N/A	Yes	N/A		
"Position" Created/Updated:	Yes	N/A	Yes	N/A		
"Reports To" Updated:	Yes	N/A	Yes	N/A		
"Location" Updated:	Yes	N/A	Yes	N/A		
Comments:						

Section B. Position Changes

Action	Budget		HR		Completed By	Date Completed
	Yes	N/A	Yes	N/A		
Comp & Class Approval Verified:	Yes	N/A	Yes	N/A		
Pay Rate Updated:			Yes	N/A		
If "Yes", ABBR Updated:			Yes	N/A		
Standard Hours Updated:	Yes	N/A	Yes	N/A		
FTE Updated:	Yes	N/A	Yes	N/A		
Department Updated:	Yes	N/A	Yes	N/A		
If "Yes", Department Budget Table:	Yes	N/A				
Job Code Updated:	Yes	N/A	Yes	N/A		
Pay Group Updated:	Yes	N/A	Yes	N/A		
Comments:						

Section C. Position Funding Data Changes

Action	Budget		Completed By	Date Completed
	Yes	N/A		
Department Budget Table Updated:	Yes	N/A		
Retroactive Reallocation Needed?:	Yes	N/A		
Pay Run ID:				
Pay Group:				
Comments:				