



Student Employment Personnel Action Form (SEPAF)

Please complete all required fields (*). If you do not know the applicable "Empl ID" or "Position #", you may find it by performing a search at the following link:
- [Position Inquiry Report](#)

Student Name:* _____

Student Email:* _____

Student Phone Number:* _____

KSU NetID:* _____ KSU ID #:* _____

Position # :* _____

Home Department:* _____

Dept. ID:* _____

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

Employee Type:* _____

Mail Drop:* _____

Requested Effective Date:* _____

Location:* _____

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

Action Type:* New/Re-Hire Termination Change to Current Position Pay Rate Change

Section A. Position Information

New Reports To: _____

New Reports To Position # (from OneUSG): _____

New Time Approver: _____

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

New Campus Location: _____

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)

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 B. Position Funding 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 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	\$ or % of Pay

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

Required Signatures:

	Hiring Manager	Department Manager	FWS/Grants	Send to:
Sec. A	Yes	No	No	hr@kennesaw.edu
Sec. B	Yes	Yes	Yes (by the applicable area)	hr@kennesaw.edu

Hiring Manager: _____ Signature: _____ Date: _____

Dept. Manager: _____ Signature: _____ Date: _____

FWS/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: _____

New Requested Pay Rate (if applicable): _____

To be completed by HR/Budget:

Date Request Received: _____

Received By: _____

Approved Effective Date: _____

Budget Reference Number: _____

Funding Approved: N/A Yes - By: _____

Comp & Class
Approval Verified: 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		
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:				