HUMAN RESOURCES

Electronic Personnel Action Notice (EPAN) (Staff)

Department/Employee/Supervisor Information

Employee Type: Select

Date:

Employee's Banner ID:

Employee's Name:

Position Number w/suffix:

Position Title:

Department Name:

Org Code:

Appointment %: 100.00

Supervisor's Name:

Supervisor's Banner ID:

Department Contact Name:

Department Contact Phone #:

Requested Action

Purpose of Personnel Action: Select

Personnel Start Date:

Personnel End Date:

For hourly rate, use all 6 decimal places as shown in HR Reports, under "Hourly Rate Decimal" column

Non-Exempt (Bi-Weekly Only)		Exempt (Monthly Only)	
Hourly Rate:	$ 0.000000	Salary to be Paid Monthly:	$ 0.00
Annual Salary Based on FTE:	$ 0.00	Annual Salary Based on FTE:	$ 0.00
1.0 FTE Annualized Salary:	$ 0.00	1.0 FTE Annualized Salary:	$ 0.00

Comments

Approvals *(Signatures based on your department's approval process)*

Supervisor/Manager's Signature

Chair/Director's Signature

Dean's Signature

EVP Signature

HR Consultant's Signature

Download this form to allow all fields and electronic signatures to function properly.