



EPAF Information Sheet for New Hires

New Hire Name			
Job Title			
Salary		Position Number	
Benefits Eligible Position	___ YES		___ NO
Pay Status (Semi-Monthly)	___ HOURLY		___ SALARY
Employment Group			
___ Full Time	___ Temporary Full Time	___ Part Time	___ Temporary/Part Time
Part-Time Positions Only (See Below)			
Number of Hours Per Week: _____		Rate Per Hour: \$ _____	
Department			
Immediate Supervisor (Responsible for Leave Reports and Performance Evaluations)			
Department Chair (If Applicable)			
Dean or Director			
Vice President			
Grant Positions Only			
Will this position be funded by a grant?		___ YES	___ NO
Grant End Date		Grant Number	
List PI (Principal Investigator)		List Grant Administrator	
Comments			
Form Completed By			
Name		Date	