EPAF Data Summary Worksheet

Instructions: Please complete the appropriate fields to support the requested transaction. **Employee's Legal Name** and **Banner ID/Access ID** are required for all transactions. **All** authorizations and supporting documentation must be provided as well.

Employee Information *(Enter employee's legal name.)*

First Name: ____ Middle Initial: ____ Last Name: ____ DOB: ____ Banner ID/Access ID: ____

Position Title: ____ Contact Phone: ____ Email Address: ____

☐ New Employee ☐ Renewal ☐ Termination ☐ Rehire ☐ 9 Month ☐ 12 Month ☐ International Other ____

Will 100% of the work be performed in Detroit MI? ☐ Yes ☐ No

If NO, what City/State/Province and Country will the work be performed in? City: ____ State/Province: ____ Country: ____

Is employee changing from: ☐ 9 month to 12 month Assignment? or ☐ 12 month to 9 month Assignment?

Financial Information

Will employee be working on a Federal contract? ☐ Yes ☐ No *(Check federal contract for minimum wage.)*

Index: ____ Account Code: ____ Percent (%): ____

*Will index require new approver, if so name: ____

Index: ____ Account Code: ____ Percent (%): ____

*Will index require new approver, if so name: ____

Index: ____ Account Code: ____ Percent (%): ____

*Will index require new approver, if so name: ____

Index: ____ Account Code: ____ Percent (%): ____

*Will index require new approver, if so name: ____

Campus Address

Dept/Office Phone: ____

Address: ____ Suite: ____ Building: ____

City: ____ State: ____ ZIP: ____

Position Information

Position Number: ____ PTF Rank: ____ Start Date: ____ Contract End Date: ____ Appointment %: ____ FTE: ____

Annual Salary: ____ Regular Rate: ____ Termination Date: ____ Vacation Payout: ____

Work Schedule

Start Time: ____

Supervisor Name: ____ Supv. Banner ID/Access ID: ____ Shift: ____ End Time: ____

SCD Information

Home Org Code: ____ Check Distribution Code: ____ District (SCD) Code: ____ Time Sheet Org Code: ____

Comments

____

Signatures/Approvals

Please review your supporting documentation to ensure all necessary documents are gathered and verify that appropriate authorization exists. If your Business Affairs Officer or designate has not had the opportunity to review and authorize this transaction, please obtain his or her signature before requesting an EPAF.

Please Note: The deadline for submitting HR transaction requests for processing is no later than **Wednesday, 12 noon**, second week of the pay period.

Submitted By:		Date:		Contact Info:	
Supervisor/Manager:		Date:		Contact Info:	
AVP/Dean/Dept. Head		Date:		Contact Info:	
Business Affairs Officer:		Date:		Contact Info:	