

COLLEGE OF VETERINARY MEDICINE

CVM-Human Resources EPA ACTION REQUEST FORM

Effective Date _____ Type of Action _____
 Reason _____

Employee ID Number _____ Employee Class _____
 Middle Name _____ First _____
 Dept OUC _____ Last Name _____
 _____ Dept Name _____

Citizenship Status _____
 Country _____ Visa Type _____
 VISA Dates _____
 Begin Date _____ Expiration Date _____

Position Number _____ Work Against _____
 Job Code _____ Job Title _____
 Salary _____ TSA Amount _____
 FTE _____ TSA Type _____
 Supervisor Name _____ Supervisor's Pos # _____

Contract Information

Contract Start _____ Contract Expected End Date _____
 Recruitment Type _____ Recruitment Appvl _____
 Tenure Status _____ Home Rank _____

Funding Information

<u>FROM (Current or Vacant Position)</u>				<u>NEW OR CHANGE BASED ON REQUEST</u>			
Account	Code	Phase	Salary Amt	Account	Code	Phase	Salary Amount

Accountant _____
Signature Required Date

Department Head/Director _____
Signature Required Date

DEPARTMENT VOTING FACULTY (DVF) RECORD

COMMENTS
