

Personnel Action Form (PAF)

Use this form to update any information to an existing epaf for employees currently being paid through the University payroll. Please send completed form with the appropriate signatures to the Payroll office at 905 Asp Ave. NEL RM 244 Norman, OK 73019. If you have any questions, please contact the Payroll office at (405)325-2961.

Empl ID #:	Rec #	Last Name	First Name	MI
Preparer:		Phone:	Dept ID:	Dept Name:

Effective Date (MM/DD/YY):				Eform ID:							
Existing				TO				Correction			
<input type="checkbox"/> New <input type="checkbox"/> Existing	Pos #	Job Code:	FTE	<input type="checkbox"/> New <input type="checkbox"/> Existing	Pos #	Job Code:	FTE:				
Title:				Title:							
Annual Rate of Pay:	Hourly \$	OR	Monthly \$	Annual Rate of Pay:	Hourly \$	OR	Monthly \$				
Action Code(s):				Pay Group: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> 99 <input type="checkbox"/> 912 <input type="checkbox"/> H99							
Reason/Explanation											

For Additional Pay Information only									
Eform ID:	Monthly Amount: \$		Goal Amount \$			Add'l Pay Code:			
Combo Code:	Org	Fund	Function	Entity	SPNSR	Purpose	Project	%	
Combo Code:	Org	Fund	Function	Entity	SPNSR	Purpose	Project	%	
Combo Code:	Org	Fund	Function	Entity	SPNSR	Purpose	Project	%	
Reason/Explanations:									

Signatures		
Additional Remarks:	Budget Unit:	Date:
	Dean / Director:	Date:
	Grants & Contracts:	Date:
	Provost / V P:	Date:
	OHR E&C:	Date:
	Payroll:	Date: