



**PAYROLL AND EMPLOYEE SERVICES**  
The UNIVERSITY of OKLAHOMA

**PAPER PERSONNEL ACTION FORM**

This form is for:    Decreasing Amount    Funding Change    Cancel eForm    Other<sup>1</sup>

EMPLID:		First Name:		Preparer:	
Record #:		Last Name:		Phone #:	
Dept ID:		Dept Name:			

ORIGINAL				
Earnings Code	Form ID	Amount	HR Combo Code	Paid on SPNSR <sup>2</sup>
1.				
2.				
3.				

ADJUSTED				
Earnings Code	Form ID	Amount	HR Combo Code	Paid on SPNSR <sup>2</sup>
1.				
2.				
3.				

<b>Explanation / Additional Information:</b>	

Signatures			
Budget Unit:		Date:	
Dean / Director:		Date:	
Grants & Contracts <sup>2</sup> :		Date:	
Provost / VP:		Date:	
Payroll:		Date:	

<sup>1</sup> Check this box only when an ePAF cannot be entered due to termination or leave of absence.

<sup>2</sup> Signature only required if Paid on SPNSR box is marked yes.