



EPAF Correction Form
To be used after an assignment has already been paid and/or requires manual correction from HR

I. Employee Information and Current Details of the Assignment to be Corrected

G #			Name (Last, First, Middle)	
Position #/Suffix:	Position Begin Date	Position End Date	Total Assignments Salary/Rate	Job Title

II. Select Change Type to Current EPAF and Fill-out Corresponding Sub-Section

Change Type:	a. <input type="checkbox"/> Correct End Date to: (for cancellations, please use begin date of assignment)	b. <input type="checkbox"/> Correct total salary to:
Select from Drop-Down List	<input style="width: 100%;" type="text"/> Must also complete Section III.	\$ <input style="width: 80%;" type="text"/> Must also complete Section III, if overpaid.
c. <input type="checkbox"/> Correct Hours/FTE to:	d. <input type="checkbox"/> Correct Job Title To:	e. <input type="checkbox"/> Correct Pay Rate (hourly assignments)
Hours/Day: <input style="width: 50px;" type="text"/> Hours/Pay: <input style="width: 50px;" type="text"/> FTE: <input style="width: 100px;" type="text"/> <small>(this will not be adjusted retroactively and will not affect previous hour accrual balances)</small>		Effective Date: <input style="width: 100px;" type="text"/> Hourly Rate: <input style="width: 100px;" type="text"/>

III. If assignment has been overpaid boxes below MUST be filled out:

Please contact payroll for any questions regarding overpayments: Mira Halilovic 3.2625 or Catalina Wheat 3.2751

Overpayment Amount: <input style="width: 100%;" type="text"/>	Overpaid From <input style="width: 100%;" type="text"/>	to <input style="width: 100%;" type="text"/>
Explanation for overpayment: <input style="width: 100%;" type="text"/>		
Please notify employee and indicate how he/she would like to refund payment (Select repayment type):		
<input type="checkbox"/> Have Payment deducted from future payment(s) Employee's contact #: <input style="width: 100%;" type="text"/> Employee's email: <input style="width: 100%;" type="text"/>	OR	<input type="checkbox"/> Employee will write a check to reimburse overpayment amount Employee's contact #: <input style="width: 100%;" type="text"/> Employee's email: <input style="width: 100%;" type="text"/>

IV. Department Contact for this Request

Submitter Name: <input style="width: 100%;" type="text"/>	Phone Number: <input style="width: 100%;" type="text"/>
Comments (circumstances of late correction, labor distribution for assignment, etc.): <input style="width: 100%; height: 40px;" type="text"/>	

V. Approvals (must be obtained prior to reaching HR):

Required Approvals	Name	Signature	Date
Department Authorization	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Provost Approval (for academic units)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Financial Aid ¹	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Sponsored Programs (OSP) ²	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
HR Generalist	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Dean Authorization	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

¹ For all Work Study positions, this paper must be routed through Financial Aid

² For EA's processed against 20xxxxx or 22xxxxx funds, this paper must be routed through Sponsored Programs