



# Stephen F. Austin State University EPAF Origination Request Form

This form is submitted by departments requesting Human Resources originate an Electronic Personnel Action Form (EPAF) and submit on their behalf. This form is to be used specifically for salary supplements (including teaching overloads) and faculty summer teaching/research.

For more information related to salary supplements, see policy E-9 (Salary Supplements, Stipends, and Additional Compensation). Requests for additional compensation are submitted using the *Authorization for Additional Compensation Services Form* and requests for stipends are submitted using the *Stipend Authorization Form*; both found on the Human Resources website.

"Salary supplement" means a payment that temporarily augments the base appointment salary. Examples of salary supplements may include compensation for: (1) interim appointments; (2) faculty course overloads; (3) endowed positions; and (4) mentoring students as part of a certification program.

Summer teaching assignments are split between maymester (MAY), summer session I (SS1), summer session II (SS2), summer faculty research (SFR), and summer faculty administration (SAF). A separate EPAF should be submitted for each summer assignment.

Once this form is completed, please email the request to Human Resources at [HR-Epaf@sfasu.edu](mailto:HR-Epaf@sfasu.edu).

## **SECTION I – Employee Information**

Employee Name:

CID Number:

Requesting Department:

Department Org #:

## **SECTION II – Type of Request & Details**

*Please complete the applicable portions of this section.*

Salary Supplement Type:

Begin Date:

End Date:

/ Semester:

\*Salary Supplement requests cannot cross fiscal years.

Faculty Overload FTE (*if applicable*):

Please provide a brief explanation for the purpose of the salary supplement/assignment:

## **SECTION III – Payment of Funds**

Amount: \$

Monthly Rate

Semester Salary

FUNDING: (FOP)

Fund:

Org:

Program:

\*\* Salary supplements cannot be paid from research or sponsored program funds.

## **SECTION IV – To Be Completed by Human Resources**

Posn: \_\_\_\_\_ Suffix: \_\_\_\_\_ Title: \_\_\_\_\_

EPAF Approval Category: \_\_\_\_\_ EPAF Transaction #: \_\_\_\_\_

EPAF originated and submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Request Submitted by: \_\_\_\_\_ Date Received: \_\_\_\_\_