

This form is used to request an EPAF for a new hire or rehire of a current employee

Transaction No. \_\_\_\_\_

**REQUESTOR**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ DP Code: \_\_\_\_\_ Department: \_\_\_\_\_

**EMPLOYEE**

Choose One:  New Hire  
 Rehire

Access Request, additional training required  
 Banner  Travel  EZ Buy

Employee Name: \_\_\_\_\_ A#: \_\_\_\_\_  
 LAST FIRST MI

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Directory Address UMC \_\_\_\_\_ Birthdate: \_\_\_\_\_

**BIOGRAPHICAL (ONLY FOR NEW HIRE)**

Gender:  Male  Female US Citizen:  Yes  No Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race: (Check all that apply) Work Location Zip Code \_\_\_\_\_  
 American Indian/Alaskan Native(I)  Hispanic (H)  In State of Utah  
 Asian (S)  Pacific Islander (P)  Out of State  
 Black, non-Hispanich (B)  White, non-Hispanic (W)

**POSITION INFORMATION**

Direct Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  ACA Variable

Job Title: \_\_\_\_\_ Hours Expected: \_\_\_\_\_

Job Ad/Req Number: \_\_\_\_\_ Position #: \_\_\_\_\_  Full Time

Start Date: \_\_\_\_\_ Percentage of Time: \_\_\_\_\_

Index to charge background check: \_\_\_\_\_

Choose One:  Exempt  Hourly  Non-Exempt  Workstudy  
 \_\_\_\_\_ Hourly Rate  
 \_\_\_\_\_ Hourly Rate  
 \_\_\_\_\_ Hourly Rate  
 \_\_\_\_\_ Total Amt

\*\*\*Labor Distribution:  
 If multiple indexes are used, splits are needed)

Index	%
Total	

Total must equal 100%

Transaction Center Only  
 W-4  
 Direct Deposit  
 I-9  
 Self-Disclosure  
 Background CK

Explanation/Comments: \_\_\_\_\_

\_\_\_\_\_  
 Bus. Mgr. Init.