



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), and summer session II (SS2). A separate EPAF request should be submitted for each summer assignment not included in the approved summer budget.

Once this form is completed, please email the request to Human Resources at jnderrick@sfasu.edu.

SECTION I – Employee Information

Employee Name:

CID Number:

Requesting Department:

Org #:

SECTION II – Type of Request & Details

Please complete the applicable portions of this section.

Type:

Begin Date:

End Date:

/ Semester:

*Salary Supplement requests cannot cross fiscal years.

Faculty Teaching FTE (*TOP, MAY, SS1, SS2*):

Please provide a brief explanation:

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: _____