

New Hire EPAF Information Sheet

New Hire Name: _____

Position Title: _____

Salary: _____ Position number: _____

Will this position be benefits eligible? Yes No

Will the new hire be? Bi-weekly (hourly) Semi-monthly (salary)

Full-Time Temporary/Full-time Part-time Temporary/Part-time

If part-time, provide the number of hours the new hire will work per week: _____

Name of Department: _____

Department Chair or Supervisor: _____

Dean or Director: _____

Will this position be funded by a grant? Yes No

List the current end date for the position if funded by a grant: _____

If applicable, list the PI (principal investigator): _____

List the Grant number: _____

Comments: _____

Form was completed by: _____ on this date: _____