

EPA Administrative Employment Pay Authorization Appalachian State University Watauga County, Boone, NC 28608		Type of Contract: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Corrected	
		Department: _____	
Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.		SS#:	Original Hire Date:
Name: (Full Name as it appears on your SS Card)		BID:	First Day Worked:
EPA Administrative Title:		EPA Administrative Title Code:	
Faculty Rank Title:		Faculty Rank/Department:	Faculty Rank Department Code:
Employee Class <input type="checkbox"/> 1F Full-Time EPA Adm SAA01 <input type="checkbox"/> 2F Full-Time Adm SAA02 <input type="checkbox"/> 2F ¾ EPA Adm SAA02 <input type="checkbox"/> 2H EPA SAA02-Half Time <input type="checkbox"/> 2P New River Light & Power <input type="checkbox"/> T3 EPA Temporary (Budget Code Object 1114/1118) <input type="checkbox"/> RE Post Retirement <input type="checkbox"/> Other _____	Source of Funding Position # _____ FOAP: _____ Fund # ORG # Account # Program # Time Sheet ORG Code _____ CIP (HEGIS) Code _____ Job FTE _____	Salary Information Salary \$ _____ # of Installments _____ Beginning Payment Date _____ Ending Payment Date _____ <input type="checkbox"/> Contract Continued Automatically Unless Notified Otherwise	
HRS USE ONLY Change Reason Code: _____ _____ _____ Position Number Subhead: _____	Action Description <input type="checkbox"/> New Hire <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Leave w/out Pay <input type="checkbox"/> Non-Reappointment <input type="checkbox"/> One Time Payment <input type="checkbox"/> Name Change: From: _____ To: _____ <input type="checkbox"/> Title Change: From: _____ To: _____ <input type="checkbox"/> Position #Change/BC Change: From: _____ To: _____ <input type="checkbox"/> Status Change: From: _____ To: _____ <input type="checkbox"/> Salary Change: From: _____ To: _____ <input type="checkbox"/> Other _____	Special Instruction/Contingencies <input type="checkbox"/> Prorate: Date: _____ <input type="checkbox"/> Retroactive: Date: _____ <input type="checkbox"/> Earns Leave: From: _____ To: _____ <input type="checkbox"/> Other: _____	
Comments:			
Prepared By: _____		Preparation Date: _____	
Approvals: Chancellor/Vice Chancellor/Athletic Director: _____ Date: _____ Funding is available and approved by appropriate Budget Office. Budget Revision processed and approved. EEO Compliance forms are on file for review.			
Human Resource Services: _____		Date: _____	
CC: _____			