



*To Be Completed By the Hiring Department Before Entering the EPAF*

**Part A: Employment Information**

Student Name: \_\_\_\_\_ Bear#: \_\_\_\_\_

List Dates of Employment Below: *If Salary: First and Last days of months to be paid. Example: 8/1/09 to 5/31//10*  
 If Hourly: Beginning of employment to the end of the academic year or summer semester. *Example: 8/16/09 to 5/15/10 or 5/16/10 to 8/15/10*

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Actual Start Date \_\_\_\_\_

Department Name \_\_\_\_\_ Job Title \_\_\_\_\_

Fund #: \_\_\_\_\_ Organization#: \_\_\_\_\_ Program #: \_\_\_\_\_

Charge to Account Number:  64110 –Hourly  64120 – Salary  64115 - Summer Hourly  64125 - Summer Salary

Time Sheet Organization Number: \_\_\_\_\_ Safety Risk Class  01-Low  02-High

EPAF Job Reason  SH001  SS001  SH002  SS002  SH004  SS004  CHGPAY  TS FOAP/FOAP  TERMJB  
*New Hire Add a Job/Rehire Reactivate Change Pay FOAP Change Job End Date*

Student Hourly (SH9999) Pay Rate per Hour \$ \_\_\_\_\_ - OR-

Student Salary: (SS9999) Monthly Salary \$ \_\_\_\_\_ *Enter the estimated monthly salary the student will be paid*

**Part B: Authorizations**

We certify that the student is authorized to work under the designated account code and will abide by the University's student employment policies.

\_\_\_\_\_  
 Supervisor's Signature Office Phone # Date Supervisor's Name - Printed

\_\_\_\_\_  
 FOAP Authority's Signature Office Phone # Date FOAP Authority's Name – Printed

**COMPLETED BY STUDENT:** I have reviewed the above information and agree that the information is correct. I understand that if I am not registered in sufficient credit hours for a semester, I will be subject to Medicare and UNC Student Retirement withholding deductions. Sufficient Credit Hour Requirements: Undergraduate: 3 for Summer Semester or 6 for Fall and Spring Semesters; Graduate 3 for all semesters.

\_\_\_\_\_  
 Student's Signature Date Local Phone #

**Part C: Documents Completed**

Date I-9 Verified \_\_\_\_\_ Date entered into Banner EPAF system \_\_\_\_\_

Date documents submitted to HR \_\_\_\_\_ By \_\_\_\_\_ Submitted via:  In person  Campus Mail

**Employer: KEEP THIS AUTHORIZATION FORM IN THE DEPARTMENT FOR TWO YEARS FROM DATE OF HIRE**