



Last Name: _____ First Name: _____ 700: _____

Cell Phone: _____ CMU Email: _____

Job Information and Description

Org # _____ Hourly Pay Rate \$ _____ Start Date: _____

Estimated total hours for fiscal year: _____ Term date if prior to 6/30: _____

Supervisor Name: _____

*** Employee is not eligible to work until you are notified by Human Resources.**

PAYROLL OFFICE ONLY

Effective Date: _____ Entered By: _____ Date: _____

EPAF#: _____ Position: _____