

Student – ePAF Request Form

Student Information				
CWID	Last Name	First Name		
Student Level:	Undergraduate	Graduate		
International Student	Yes	No		
Assignment Information				
Job Title				
Department				
Assignment Type	Regular	Work Study	Graduate Assistant/Associate	
Description of services to be performed				
Other Details				
Begin Date:		End Date:		
Supervisor:		Timekeeping Org:		
Payment & Budget Information				
Hourly Rate	<i>OR</i>	Total Amount		
Number Hours/Week				
Fund	Org	Acct	Prog	Percent
Grant Funded	Yes	No		
Administrative Office Use Only				
<input type="checkbox"/> I-9	<input type="checkbox"/> eVerify	<input type="checkbox"/> W4	Date Submitted	PAF #: