## Fiscal Y ear 2025 STAFF TEMPORARY PAY CHANGE FORM

Payment Agreements will only be in effect within the fiscal y ear noted above. (Updated )

Name	PCN and Suffix	
V Number	Exempt Staff	Classified Staff
Department		

Per Pay amount X # of Pay Periods Total Additional Compensation
\$ \$

After Provost's Office approval, the form is returned to Human Resources and then routed to the unit for employee signature.

Agreements signed by the employee prior to HR review and

Senior Executive Approval will not be accepted.

## Step 9: Unit applies EPAF

*****OFFICIAL USE BY HUMAN RESOURCES *****						
EPAF PROCESSING INSTRUCTIONS:	EFFECTIVE DATE:		TERMINATION DATE:			
Additional Compensation EXEMPT: Use PCN 009	025.01 E4110 EF	AF Category GOADCP (ori	ginal) EPAF Cateo	gory GRADCP (repeat)		
Job Change EPAF: Change of rate of pay only: CCHGPY Change of FTE only: Classified CLMISC Exer	EPAF Reason: Temporary Pay / FTE Change (CPATM)					

Both Rate or FTE AND FLSA change: Classified CPOSCG