



PAYROLL SERVICES
The UNIVERSITY of OKLAHOMA

PAPER PERSONNEL ACTION FORM

This form is for: Decreasing Amount Funding Change Cancel eForm Other¹

EMPLID:		First Name:		Preparer:	
Record #:		Last Name:		Phone #:	
Dept ID:		Dept Name:			

ORIGINAL				
Earnings Code	Form ID	Amount	HR Combo Code	Paid on SPNSR ²
1.				
2.				
3.				

ADJUSTED				
Earnings Code	Form ID	Amount	HR Combo Code	Paid on SPNSR ²
1.				
2.				
3.				

Explanation / Additional Information:	

Signatures			
Budget Unit:		Date:	
Dean / Director:		Date:	
Grants & Contracts ² :		Date:	
Provost / VP:		Date:	
Payroll:		Date:	

¹ Check this box only when an ePAF cannot be entered due to termination or leave of absence.

² Signature only required if Paid on SPNSR box is marked yes.