

REQUEST FOR TRANSFER OF EPAF OWNERSHIP

Complete this form and submit it to:

Sean Farrell, HRIS Project Manager
Campus mail: 723 Kenilworth
Fax #: 336-334-5585
Scan & email: sdfarrel@uncg.edu

Requests for transfer of EPAF ownership will only be honored in cases of turnover of position, or permanent reassignment of EPAF duties within a department.

Org # _____ Dept. Name: _____

Please transfer any EPAFs in-process originated by:

User name _____ Employee Full Name: _____
☐ Terminated ☐ Change of duties

To:

User name _____ Employee Full Name: _____
☐ New hire ☐ Change of duties

Department Head or Supervisor signature Date

Dept. Head/Supervisor Phone # _____