



**Human Resources and Payroll**  
 4441 George Mason Boulevard, Suite 4100  
 MS 3C3, Fairfax, Virginia 22030  
 Phone: 703-993-2600; Fax: 703-993-2601

**EPAF Correction Form**  
 To be used after an assignment has already been paid and/or requires manual correction from HR

**I. Employee Information and Current Details of the Assignment to be Corrected**

<b>G#</b>			<b>Name (Last, First, Middle)</b>	
Position #/Suffix:	Position Begin Date	Position End Date	Total Assignment Salary/Rate	Job Title
/				

**II. Select Change Type to Current EPAF and Fill-out Corresponding Sub-Section**

Change Type: -----	a. <input type="checkbox"/> Correct End Date to: (For cancellations, please use begin date of assignment)	b. <input type="checkbox"/> Correct total salary to:
	<b>Must also complete Section III.</b>	\$ <b>Must also complete Section III, if overpaid.</b>
c. <input type="checkbox"/> Correct Hours/FTE to:	d. <input type="checkbox"/> Correct Job Title to:	e. <input type="checkbox"/> Correct Pay Rate (hourly assignments)
<b>Hours /Day:                  Hours/Pay:</b> <b>FTE:</b> (this will not be adjusted retroactively and will not affect previous hour accrual balances)		<b>Effective Date:</b> <b>Hourly Rate:</b>

**III. If assignment has been overpaid boxes below MUST be filled out:**

**Please contact payroll for any questions regarding overpayments:** Mira Halilovic x3.2625 or Catalina Wheat x3.2751

Overpayment Amount:	Overpaid from _____ to _____
Explanation for overpayment:	
<b>Please notify employee and indicate how he/she would like to refund payment (Select repayment type):</b>	
<input type="checkbox"/> Have payment deducted from future payment(s)	<input type="checkbox"/> Employee will write a check to reimburse overpayment amount payable to George Mason University.
Employee's contact #: Employee's email: _____@gmu.edu	<b>OR</b>
	Employee's contact #: Employee's email: _____@gmu.edu

**IV. Department Contact for this Request**

Submitter Name:	Phone Number:
Comments (circumstances of late correction, labor distribution for assignment, etc.):	

**V. Approvals (must be obtained prior to reaching HR):**

Required Approvals	Name	Signature	Date
Department Authorization			
Provost Approval (for academic units)			
Financial Aid <sup>1</sup>			
Sponsored Programs (OSP) <sup>2</sup>			
HR Generalist			

<sup>1</sup> For all Work Study positions, this paper must be routed through Financial Aid

<sup>2</sup> For EA's processed against 20xxxxx or 22xxxxx funds, this paper must be routed through Sponsored Programs