

Employee Action Form (EAF)

Employee Name _____ Dept. _____ Title _____

ID# _____ Manager/Department Head _____ Today's Date _____

Employee Demographic Changes <i>(Completed by employee)</i>	
<i>Indicate new information below:</i>	
Name:	
Last	First
Middle	
<i>*For a name change, please present your new social security card to the Office of Payroll and Talent and Human Capital Strategy (THCS). Name changes must be reflected on all benefits.</i>	
Address:	
Address 1	
Address 2	
City	State
Zip	
Home Phone	Other Phone
Office Location	Office Phone
Emergency Contacts:	
Contact 1	Contact 2
Name	Name
Address	Address
Relationship	Relationship
Phone Number	Phone Number
<div style="display: flex; justify-content: space-between;"> Employee Signature Date </div>	

Request for Leave of Absence <i>(Completed by employees)</i>	
Type of Leave Requested <i>(circle all that apply)</i>	
Personal Leave ▪ Jury Duty ▪ Military Duty ▪ FMLA1: Care for your own serious health condition FMLA2: Care for an immediate family member with a serious health condition FMLA3: Due to birth, adoption or foster care placement of your child ▪ FMLA4: Intermittent leave	
Anticipated Dates of Leave:	
Start	Finish
<div style="display: flex; justify-content: space-between;"> Employee Signature Date </div>	
<i>Please note for all leaves other than medical or FMLA, please discuss with your manager prior to submitting your request to THCS. Your request for a leave does not guarantee that your leave will be approved. THCS will contact you to discuss your request.</i>	

Please return the completed form to Talent and Human Capital Strategy– Room C210, Main Campus Building.