Idaho State University

EPAF Request Form

breeanngilbert@isu.edu

Today's Date: _____

Supervisor Name: _____

Student Name: _____

Student ID Number: _____

Student email Address: _____

Job (position) Title: _____

Stipend: ☐ Hourly: ☐

Position Start Date: _____

Position End Date (stipend only): _____

Pay Rate: _____

Timecard Approver: _____

Funding index: _____

CPI: ☐ Work-study: ☐