



Personnel Action Form (PAF)

Form Completed by _____	Department _____
E-mail _____	Phone _____ Date _____

DESCRIPTION OF ACTION

<input type="checkbox"/> New Hire	<input type="checkbox"/> Rehire	<input type="checkbox"/> New/Rehire from another UN Campus or State Agency
<input type="checkbox"/> Faculty/Staff Hire	<input type="checkbox"/> Temp Faculty	<input type="checkbox"/> Temp Staff/On Call
<input type="checkbox"/> Separate at end of Appointment	<input type="checkbox"/> Student Hire	Credit Hours _____

ACTION (IT0000) **This Position #** _____ **Title:** _____

Is this employee a Non-Resident Alien? Yes No

Employee Subgroup _____

EFFECTIVE DATES FOR PAY

Effective Dates: **FROM** _____ **TO** _____

Comments:

ORGANIZATIONAL ASSIGNMENT (IT0001)

Benefits % (Contribution percentage, in 5% increments, toward benefits for contractual period):

_____ % for 12 months _____ % for 9 or 10 months Not Eligible

POSITIONS AT THE UNIVERSITY

	Org Unit Number	Position Number	Position Title	Subgrp	Staffing %
1					
2					
3					
4					
TOTAL					= 100%

PLANNED WORKING TIME (IT0007) Select only one

Salary M-F@8 hrs/day Other days/hours Shift Actual Time Reporting (Positive)

Hours scheduled per week (hourly employees only) _____ Leave Plan Code _____

Employment Percent FTE _____ Contract Length Code _____

Comments:

BASIC PAY (IT0008)

Start Date	End Date	Wage Type	\$ Rate Hourly or Monthly	BW or MO

Note: Mid-month dates will pro-rate salary

COST DISTRIBUTION BY POSITION (IT9027)

Note: The last funding period must show a 12/31/9999 end date; the funding dates are not always the appointment dates

Start Date	End Date	Cost Center or WBS Element	Position #	Wage Type	\$ Rate Hourly or Monthly	% of cost Distribution
TOTAL						= 100 %

Note: Percentage must equal 100% for any given period of time shown

Budget Funding: Complete for changes in budgeted positions and attach appropriate documentation for a permanent change.

Permanent Change Temporary Change Salary Savings \$ _____

Total annual hours (hourly employees only): _____ to operating unless otherwise designated in comments

PAID APPOINTMENTS (IT9001)

Appointment Start Date	Appointment End Date	Position #	Title Modifier	Annual Salary or Total Amount to be Paid	FTE % relative to full time

UNPAID APPOINTMENTS (IT9001)

Appointment Start Date	Appointment End Date	Title	Title Modifier	Organizational Unit Number

DATE SPECIFICATIONS (IT0041) When entering a date use month/date/year

I-9 Date required _____ First Working Day required _____
 Tenure Notify Date _____ University Service Date _____
 Tenure Date _____ Leave Accrual Date _____
 Probation End Date _____ Keep Services Active Until _____

ADDITIONAL COMMENTS OR EXCEPTIONS:

APPROVAL SIGNATURES:

Note: Two approvers are required for new hires and rehires. If a letter of offer is attached that is acceptable as one approval. The person completing this form cannot be an approver. The department signature cannot be the signer of the offer letter.

 Department (signature) (printed name) (date)

 Department (signature) or Offer Letter (printed name) (date)

<p>Attachments</p> <p><input type="checkbox"/> Personal Data Form (PDF)</p> <p><input type="checkbox"/> Form W-4 (required for all new/returning employees)</p> <p><input type="checkbox"/> Form I-9 with photocopies of documentation (required for all new/returning employees)</p> <p><input type="checkbox"/> E-Verify Form (required for all new/returning employees)</p> <p><input type="checkbox"/> Direct Deposit agreement form or Request for Debit Card form</p> <p><input type="checkbox"/> Letter of offer (if required) or other authorization to hire documentation</p>

Functional Office use only Payroll _____ Initial/date Budget _____ Initial/date HR _____ Initial/date