

PERSONNEL ACTION FORM (PAF)

Employee ID# _____

Today's Date: _____

PERSONNEL ACTIONS (Mark all boxes that apply)

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> JOB STATUS CHANGE | <input type="checkbox"/> PERSONAL CHANGE |
| <input type="checkbox"/> LAYOFF | <input type="checkbox"/> RETURN FROM LAYOFF | <input type="checkbox"/> REINSTATEMENT |
| <input type="checkbox"/> 90 DAY EVAL | <input type="checkbox"/> SEPARATION OF EMPLOYMENT | <input type="checkbox"/> LEAVE OF ABSENCE |
| <input type="checkbox"/> OTHER _____ | | |

HR USE ONLY

Date received: _____ By: _____
 Sent to Payroll: _____ By: _____
 TD: _____ TT: _____
 PT FT

PERSONAL INFORMATION

First Name _____ Full Middle Name _____ Last Name _____ Sr., Jr., III...
 Social Security # (Last Four Digits Only) _____ Birth Date: _____

Mailing Address: _____ City: _____ State: _____ Zipcode: _____
 Physical Address: _____ City: _____ State: _____ Zipcode: _____
 Phone 1: _____ Phone 2: _____ Emergency Contact: _____ Phone: _____

JOB STATUS INFORMATION

| | | |
|-----------------------|----------------|-----------|
| Hire / Effective Date | Client/Program | Job Title |
| CHANGE TO: | Client/Program | Job Title |

HIRE STATUS: Regular Reinstatement Seasonal Education program to Regular On Call/Substitute
 Transfer Promotion Demotion Temp to Regular Retro back pay to: _____ (If applicable)
 Temporary Hire, not to exceed: _____ days Emergency Hire, not to exceed: _____ days

WORK STATUS: Full-time (30 hours or more per week) Part-time (less than 29 hours per week) Less than 52 weeks
 END PROBATIONARY PERIOD: Accrue Annual Leave back to: _____

PAYROLL STATUS: INCREASE DECREASE SAME
 Current: \$ _____ per hour Hourly Salaried Change to: \$ _____ per hour Hourly Salaried

LEAVE OF ABSENCE

TYPE OF LEAVE: _____ Actual last day worked: _____ Anticipated RTW date: _____
 EXTEND LOA: Previous RTW Date: _____ New Anticipated RTW date: _____ (RTW -Return To Work)
 RETURN FROM LEAVE OF ABSENCE: Actual first day back to work: _____

SEPARATION OF EMPLOYMENT

*ACTUAL LAST DATE WORKED: _____ *Documentation must be attached (Time-Card, etc).

RESIGNATION Written Verbal
 LAYOFF Permanent Temporary/Seasonal *If subject to recall, note the Return To Work date: _____
 TEMPORARY HIRE / INTERIM ASSIGNMENT ENDED.
 PAY OUT ANNUAL LEAVE HOURS
 SEPARATION OF EMPLOYMENT
 Policy Violations, if applicable : _____

AUTHORIZING SIGNATURES

 Employee Signature / Date

 Human Resources Director Signature / Date

 Supervisor Signature / Date