

PAF #	FACULTY
	PERSONNEL
	ACTION FORM

NAME					EID			
LAST	F	IRST		M.I.	(Employee ID)			
	EFFECTIVE DATE:							
TYPE OF ACTION	FF	ROM			ТО			
☐ EMPLOYMENT ☐ NEW HIRE ☐ RE-HIRE LAST MO/YR. WORKED	☐ CONTRACT ☐ SUBSTITUTE ☐ ASSOCIATE FACULTY ☐ TEMPORARY CONTRACT  DEPARTMENT			☐ CONTRACT ☐ SUBSTITUTE ☐ ASSOCIATE FACULTY ☐ TEMPORARY CONTRACT				
RETURN FROM LEAVE				DEPARTMENT				
☐ TERMINATION ☐ RESIGNATION ☐ RETIREMENT ☐ SEPARATION ☐ DISMISSAL ☐ LAYOFF	CLASSIFICATION			CLASSIFICATION				
☐ END OF ASSIGNMENT	CLASS:	STEP:		CLASS:	STEP:			
☐ DEATH	DURATION:							
☐ OTHER ☐ CHANGE OF STATUS	BUDGET CODE :			BUDGET COD		_		
☐ REASSIGNMENT			%			_%		
☐ LEAVE OF ABSENCE			%			_%		
EFFECTIVE			%			_%		
to	PERCENT WORK	ED	%	PERCENT WO	RKED	%		
TYPE OF LEAVE	PAY RATE \$			PAY RATE \$_				
CARRATICAL	□ HR □ MO □ YR				☐ HR ☐ MO ☐ YR			
☐ SABBATICAL  EFFECTIVE	SALARY SCHEDULE SALAR			CALABY COLI	ALARY SCHEDULE			
to	SALARY SCHEDU	LE		SALARY SCHE	:DULE	_		
OTHER	LEC:\$ L/	AB3:\$ NO	C:\$	BH:\$	CDCP:\$			
<del></del>	STEP INCREASE	DUE:		LAB1:\$	LAB2:\$			
REMARKS:								
PAF ORIGINATOR:	PAYROLL DATE:							
Approvals - PLEASE DO NOT SIGN II	N BLACK INK							
DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE	D DATE	VICE PR	ESIDE	NT	DATE			
DEAN	DATE	PRES	SIDENT		DATE			
DEAN	DATE	HUMAN RE	ESOUF	RCES	DATE			
BUDGET	DATE	BOARD DATE						