

NAME	EID
LAST	FIRST
M.I.	(Employee ID)
EFFECTIVE DATE:	

TYPE OF ACTION	FROM	TO
<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE LAST MO/YR. WORKED _____ <input type="checkbox"/> RETURN FROM LEAVE <input type="checkbox"/> TERMINATION <input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> SEPARATION <input type="checkbox"/> DISMISSAL <input type="checkbox"/> LAYOFF <input type="checkbox"/> END OF ASSIGNMENT <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER <input type="checkbox"/> CHANGE OF STATUS <input type="checkbox"/> REASSIGNMENT <input type="checkbox"/> LEAVE OF ABSENCE EFFECTIVE _____ to _____ TYPE OF LEAVE _____ <input type="checkbox"/> SABBATICAL EFFECTIVE _____ to _____ <input type="checkbox"/> OTHER _____	<input type="checkbox"/> CONTRACT <input type="checkbox"/> SUBSTITUTE <input type="checkbox"/> ADJUNCT FACULTY <input type="checkbox"/> TEMPORARY CONTRACT DEPARTMENT _____ CLASSIFICATION _____ CLASS: _____ STEP: _____ DURATION: _____ BUDGET CODE : _____ _____ % _____ % _____ % PERCENT WORKED _____ % PAY RATE \$ _____ <input type="checkbox"/> HR <input type="checkbox"/> MO <input type="checkbox"/> YR SALARY SCHEDULE _____	<input type="checkbox"/> CONTRACT <input type="checkbox"/> SUBSTITUTE <input type="checkbox"/> ADJUNCT FACULTY <input type="checkbox"/> TEMPORARY CONTRACT DEPARTMENT _____ CLASSIFICATION _____ CLASS: _____ STEP: _____ DURATION: _____ BUDGET CODE : _____ _____ % _____ % _____ % PERCENT WORKED _____ % PAY RATE \$ _____ <input type="checkbox"/> HR <input type="checkbox"/> MO <input type="checkbox"/> YR SALARY SCHEDULE _____
	LEC:\$ LAB:\$ NC:\$	BH:\$ CDCP:\$
	STEP INCREASE DUE: _____	

REMARKS: _____

PAF ORIGINATOR: _____ PAYROLL DATE: _____

Approvals - PLEASE DO NOT SIGN IN BLACK INK

DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE	DATE	VICE PRESIDENT	DATE
DEAN	DATE	PRESIDENT	DATE
DEAN	DATE	HUMAN RESOURCES	DATE
BUDGET	DATE	BOARD DATE: _____	