

# Personnel/Payroll Action Form (PAF)

DIRECTIONS: Originator provides ALL information requested **except shaded areas.**  
 (Type or press firmly so 4<sup>th</sup> copy is legible.) Directions printed on reverse side.

**Send completed PAF to Human Resources.**

Posting number: (A)

(B)  
 Classified  
 Certificated

DATE (E)	FULL LEGAL NAME (D)
EMPLOYEE SERIAL NO.(C)	TYPE OF ACTION (F)

<b>PRESENT STATUS: Last Day Worked In Present Status:</b> (G) _____							
(H) POSITION TITLE	POSITION STATUS	LOCATION	ACCOUNT CODE	FTE	HOURS PER DAY	DAYS PER YEAR	STEP LEVEL
1.							
2.							
3.							
4.							

<b>PROPOSED STATUS: Date Proposed To Begin:</b> (I) _____ <b>(*must be provided)</b>							
(J) POSITION TITLE	POSITION STATUS	LOCATION	ACCOUNT CODE	FTE	HOURS PER DAY	DAYS PER YEAR	STEP LEVEL
1.							
2.							
3.							
4.							

(K) **This position replaces:** \_\_\_\_\_

**Due To:**  Retirement       Transferred to: \_\_\_\_\_  
 Resignation       Growth (no replacement)  
 Leave of Absence \_\_\_\_\_

**\*\*Non-Traditional work year or temporary employees must attach work year calendar.**

For Personnel Office Use Only

**ANNUAL \$** \_\_\_\_\_

**HOURLY RATE (if applicable)**

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

(L) **Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AUTHORIZATION: (M)**

ORIGINATOR	DATE
BUDGET AUTHORITY	DATE
PERSONNEL ADMINISTRATOR	DATE

Budget Code Approval SS: _____ HR: _____	Board Date _____
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## Directions

This form is used for the hiring of permanent, temporary, and long-term substitute personnel. This form is used to generate payroll action for leaves of absence, layoff, discharge, resignation, death, changes in working hours/days, new assignments, change of account codes, and salary placement changes. ALL INFORMATION MUST BE COMPLETED FOR PROCESSING TO OCCUR IN THE PAYROLL SYSTEM.

- A. **Posting Number** – fill in posting number if action is result of posted position.
- B. **Classified/Certificated** – please check status.
- C. **Employee Serial No.** – fill in for existing staff only; 5 digit number; refer to computer printout.
- D. **Full Legal Name** – First/MI/Last; make sure spelling is correct.
- E. **Date** – date the form is filled out.
- F. **Type of Action** – refer to directions above and select applicable action.
- G. **Last Date Worked in Present Status** – fill in for current staff only; do not leave blank.
- H. **Present Status** – refer to computer staff printout and list current position title, position status – C=continuing /permanent, NC = non-continuing, S = substitute; location; account code; FTE (*certificated only*) or hours per day & days per year (*classified only*) for each position currently held.
- I. **Date Proposed Status to Begin** – CANNOT BE LEFT BLANK
- J. **Proposed Status** – fill in new position title; position status - C=continuing, NC=non-continuing. S=substitute; location; account code; FTE or hours per day & days per year.
- K. **Position Replaces** - List the name of the person the new hire is replacing and check the reason. MUST BE FILLED OUT.
- L. **Comments** – to provide any additional information for clarity as to the reason for the PAF. If the leave is one of a medical nature, state **LEAVE**. DO NOT state **medical** leave.
- M. **Authorization** – be sure originator has signed and dated the form.
  - Originator (administrative official initiating the action)*
  - Budget Authority (administrative responsible for authorizing expenditure)*
  - Personnel Administrator (Human Resources approval)*