

# FERRIS STATE UNIVERSITY

## Personnel Action Form (PAF) Department/FOAP/Title Change

HR	For processing only	
	Finance	Payroll

**PPAIDEN**

Last Name: \_\_\_\_\_  
 SSN/Banner ID: \_\_\_\_\_  
 \*only complete for new hires

First Name: \_\_\_\_\_  
 Date of Birth\*: \_\_\_\_\_

Middle: \_\_\_\_\_  
 Preferred First Name: \_\_\_\_\_

**ADDRESSES**

MA - Mailing (home):  
 No change

Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

FO - Ferris Office:  
 No change

Phone: \_\_\_\_\_  
 Building: \_\_\_\_\_ Room: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

FM - Ferris Mail Drop:  
 No change

Building: \_\_\_\_\_ Room: \_\_\_\_\_

**NBAJOBS**

Position Number: \_\_\_\_\_ Suffix Number: \_\_\_\_\_ Exempt Status: \_\_\_\_\_

**Department Change OR no change**

**PEAEMPL**

Status: \_\_\_\_\_ Home Department: \_\_\_\_\_  
 Check Distribution: \_\_\_\_\_ Division: \_\_\_\_\_ Job Begin Date: \_\_\_\_\_

**FOAP Change OR no change**

**NBAJOBS**

FOAP Change Date: \_\_\_\_\_ Timekeeping Location (org #): \_\_\_\_\_

**LABOR DISTRIBUTION (if additional lines are needed, add to comments)**

Index	Fund	Org	Account	Program	Activity	%
-------	------	-----	---------	---------	----------	---

**Funding FOAP (if different from labor distribution; if additional lines are needed, add to comments)**

Index	Fund	Org	Account	Program	Activity	%
-------	------	-----	---------	---------	----------	---

**Title Change OR no change**

**NBAJOBS**

New Job Title: \_\_\_\_\_  
 Job Change Reason: \_\_\_\_\_

**Comments:**

If employee has not had an active assignment in over a year, please attach updated FSU Employment application and have employee contact HR to complete updated employment paperwork. If employee is a new hire, attach required new hire materials (see FSU Hiring Process manual) and schedule New Employee Orientation. If employee is a transfer, please attach required new hire materials.

**APPROVALS**

Originator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department: \_\_\_\_\_ Date: \_\_\_\_\_  
 Primary Asgmt. Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Dean/Director/AVP: \_\_\_\_\_ Date: \_\_\_\_\_  
 Vice President: \_\_\_\_\_ Date: \_\_\_\_\_  
 President: \_\_\_\_\_ Date: \_\_\_\_\_

Please see the [PAF Signatures/Copying Guide](#) (available on the PAF homepage) for signature and copying requirements. If early access is needed, please fill out the [request for pre-employment access](#).  
 Document for internal processing only. This is not an employment contract.

**Payroll/HR use only:**

Earnings Code: \_\_\_\_\_ Salary Group: \_\_\_\_\_ Grade: \_\_\_\_\_ Table: \_\_\_\_\_ Step: \_\_\_\_\_

Doubled By: \_\_\_\_\_