

FERRIS STATE UNIVERSITY

Personnel Action Form (PAF) End Assignment Only

For processing only		
HR	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:

Phone:

Building:

Room:

Campus Phone:

FO - Ferris Office:

No change

FM - Ferris Mail Drop:

No change

Building:

Room:

NBAJOBS

Position Number:

Suffix Number:

Job Begin Date:

Job End Date:

Job Change Reason:

Additional Jobs to be Ended:

Position Number:

Suffix Number:

Job Begin Date:

Job End Date:

Job Change Reason:

Position Number:

Suffix Number:

Job Begin Date:

Job End Date:

Job Change Reason:

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

Index	Fund	Org	Account	Program	Activity	%
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Funding FOAP (if different from labor distribution; if additional lines are needed, add to comments)

Index	Fund	Org	Account	Program	Activity	%
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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: _____