FERRIS STATE UNIVERSITY

Personnel Action Form (PAF)
Leave of Absence/Return from Leave

	For processing only	
HR	Finance	Payroll

PPAIDEN
Last Name: First Name: Middle:
SSN/Banner ID: Date of Birth*:   Preferred First Name:
only complete for new hires

NBAJOBS
Position Number: Suffix Number:
Leave Begin Date: Leave End Date*:
Job Change Reason:
only complete if date known; if date unknown, process Return from Leave PAF when employee returns

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	%

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:_____ _____