

FERRIS STATE UNIVERSITY

Personnel Action Form (PAF) Separation from University

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:

Position Number:

Suffix Number:

Job Begin Date:

Job End Date:

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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Emeriti Status Requested:

Separation Reason:

Comments:

Please attach resignation/retirement letter and/or any other supporting documentation.

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: _____