

FERRIS STATE UNIVERSITY

Personnel Action Form (PAF) Separation from University

<i>For processing only</i>		
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: _____

FO - Ferris Office:
 No change

Phone: _____
 Building: _____ Room: _____ Campus Phone: _____

FM - Ferris Mail Drop:
 No change

Building: _____ Room: _____

NBAJOBS

Position Number: _____
 Job Begin Date: _____
 Job Change Reason: _____

Suffix Number: _____
 Job End Date: _____

Additional Jobs to be Ended:

Position Number: _____
 Job Begin Date: _____

Suffix Number: _____
 Job End Date: _____

Position Number: _____
 Job Begin Date: _____

Suffix Number: _____
 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: _____
 Comments: _____

Separation Reason: _____

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: _____