



Personnel Action Form (PAF)

Office of Human Resources

Important: This form must be completed for each role the employee/candidate is changing or being hired for

Name: _____ Start Date: _____ New Hire _____ Rehire _____ Personnel Change _____

Category	Current	Change	Effective Date
Job Info			
Title			
Supervisor Title			
Department			
Pay	Hourly Annually	Hourly Annually	
OT Rate			
FLSA Status			
Classification			
Job Class			

Category	Current	Change	Effective Date
Benefit Info			
M/D/V/L			
401k			
Vacation Accrual			
Sick Accrual			

Category	Current	Change	Effective Date
Employee Info			
Name			
Date of Birth			
Street Address			
City/State/Zip			
Email Address			
Phone Number			

Category	Current	Change	Effective Date
Emergency Contacts			
Name			
Relationship			
Phone Number			
Name			
Relationship			
Phone Number			

Reason for Change: *(Check all that apply)*

Promotion	Demotion - Involuntary	Department Transfer	Status/Classification Change
Lateral Transfer	Merit Increase	Personal Info Update	Bonus
Demotion - Voluntary	Supervisor Change	Data Correction	Other

Assigned Training: *Please list any assigned training the employee must complete*

Assignment:

Due Date:

Assignment:

Due Date:

Comments:



Employee Signature

Date



Supervisor Signature

Date



Supervisor Signature

Date



Human Resources Signature

Date