



# 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
<b>Job Info</b>			
Title			
Supervisor Title			
Department			
Pay	Hourly      Annually	Hourly      Annually	
OT Rate			
FLSA Status			
Classification			
Job Class			

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

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

Category	Current	Change	Effective Date
<b>Emergency Contacts</b>			
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
▶ _____ CFO Signature	_____ Date
▶ _____ Human Resources Signature	_____ Date