

**Personnel Action Form (PAF)****Section 1 – Employee Information**

EE ID#:	EE Name:			
Job Title:	Grade:	Step:	Rate:	FLSA Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
Personnel Action Requested:				

Section 2 – Requested Action (Complete only the fields that are changing)

Position Information		Additional Pay - <input type="checkbox"/> START <input type="checkbox"/> END
Position #:		<input type="checkbox"/> Assignment Pay -
Working Title:		<input type="checkbox"/> Bilingual* -
Department:		<input type="checkbox"/> CDL License*
Reports-to:		<input type="checkbox"/> DPSST* -
Reports-to Position #:		<input type="checkbox"/> Education* -
Location:		<input type="checkbox"/> EMT* -
Job Code:		<input type="checkbox"/> HazMat Team -
Job Title:		<input type="checkbox"/> Longevity -
Classification:		<input type="checkbox"/> Mental Health*
Type of Position:		<input type="checkbox"/> ORPAT*
Grade:	Step:	<input type="checkbox"/> Phone -
Next Merit Date:	Pay Rate: \$	<input type="checkbox"/> Uniform Pay -
Union:	FTE:	
FLSA Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		

Section 3 -Account String(s)- (Enter the default/main/home account string first – If changing)

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Section 4 - Remarks/Notes:

If ending employment, check rehire status: ☐ Eligible ☐ With Caution

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Authorization:**Date:**

Name:	Signature:	
HR Audit Review:		Date:
Name:	Signature:	