	Effective Date:

Personnel Action Form (PAF)

Section 1 – Employee Information

Employee ID#		**Employee Name:**	
Job Title:		**Position #**	
Grade:		**Step:**	
Pay Rate:		**Pay Plan**	
Personnel Action Requested:			

Section 2 – Position Information Change (if applicable)

Position #:		**Title:**	
Department:		**Location:**	
Job Code:		**Classification:**	
Reports to:		**Position Type:**	
FTE:		**Union:**	
FLSA Status		**Pay Plan:**	
Grade:		**Step:**	
Pay Rate:		**Next Step Date:**	

Section 3 – Additional Pay Entry

Action (Start/End)	Additional Pay Type

Section 4 -Account String(s)- *(Enter the default/main/home account string first – If changing)*

Section 5 - Remarks/Notes:

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

Authorization:		**Date:**
Name:	Signature:	
HR Audit Review:		**Date:**
Name:	Signature:	