

# PERSONNEL ACTION FORM (PAF)

**■ JOB DATA** *(to be filled out by PI/Supervisor)*

Employee Name (Last, First, MI):  Email:

UID:  Effective Date:  End Date:

Hours Per Week:  Funding Source(s):

Job Description:

**■ JOB DATA** *(to be filled out by HR)*

Requesting Action:  Employment Type:

Job Title:  Employee ID:

Appointment %:  If GSR, Other FTE:

Step (if applicable):  Pay Rate:

**■ FUNDING** *(to be filled out by fund manager)*

Account	CC	Fund	Project	Sub	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Salary:

Benefits, GAEL, & TIF:  Fee Remission (if GSR):

Total Cost of Appointment:

Fund Manager Signature:  Date:

PI/Supervisor Signature:  Date:

**■ FOR DEPARTMENT HR USE**

Position  Reports to Position #:

Job Code

Pay Schedule  FLSA