

PERSONNEL ACTION FORM (PAF)

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

PI:

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