

PERSONNEL ACTION FORM

MUST BE COMPLETED and APPROVED PRIOR TO ACTUAL START DATE.

SSN/UVID _____ Full Legal Name _____
 _____ First _____ Middle _____ Last _____
 Job Title for this PAF _____ Dept. Code _____ Grade/Quartile (Staff) _____
 Previous Job Title _____ Dept. Code _____ Grade/Quartile (Staff) _____
 Department/Program _____ **Time Approval Org** _____ Position Control # _____
 Position Status: (Check one) New Position Replacement for: _____
 Effective Dates: **Actual Start** _____ (first day of this personnel action) **End** _____ (last day of this personnel action)
Time/Leave Entry Method: Department Entry Web Entry

ACTION: (Please check all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> First Hire | <input type="checkbox"/> Increase | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Rehire | <input type="checkbox"/> Performance <input type="checkbox"/> Promotion | <input type="checkbox"/> Term. Dept. Only |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Retention <input type="checkbox"/> Equity | <input type="checkbox"/> Term. from UVSC |
| <input type="checkbox"/> Change of Assignment | <input type="checkbox"/> Overload Pay | Last Day Worked _____ |
| <input type="checkbox"/> Additional Assignment | <input type="checkbox"/> Change in Index Code/Percentages | Termination Code (Reason) _____ |
| | <input type="checkbox"/> Other (describe): _____ | |

JOB CATEGORY, this PAF: (Check one.)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Executive | <input type="checkbox"/> Faculty (salaried) |
| <input type="checkbox"/> Exempt | <input type="checkbox"/> Adjunct |
| <input type="checkbox"/> Non-Exempt | <input type="checkbox"/> Submit E-SAF |
| | <input type="checkbox"/> Submit Time Card |

Positions Requiring Student/Employment Services Approval

- | |
|--|
| <input type="checkbox"/> Student-FICA Exempt (6 credit hrs. minimum) |
| <input type="checkbox"/> Student -FICA Eligible (0-5 credit hrs.) |
| <input type="checkbox"/> Student-Work Study |
| <input type="checkbox"/> Student-Foreign (F1) |

PAY TYPE/RATE: (Check one; fill in amount/s.)

- | | | |
|---|--|---|
| <input type="checkbox"/> SALARY-Actual \$ _____/yr. | <input type="checkbox"/> HOURLY \$ _____/hr. | <input type="checkbox"/> STIPEND \$ _____ |
| Full-time Base \$ _____/yr. | <input type="checkbox"/> LUMP SUM \$ _____ | |

Labor Distribution:		Salaried Positions Only:					Special Conditions: (Check all that apply.)
Index	Distribution	Fund	Org	Account	Program	Activity	
	%						<input type="checkbox"/> Soft-funded; Expires _____ <input type="checkbox"/> Temp. (6 mos. or less); Expires _____
	%						
	%						

PRINT NAME:	SIGNATURES:	DATE:
Print Approving Supervisor Name & Extension:	Approving Supervisor Signature (Reports to):	
Print 2 nd Level Approver Name:	2 nd Level Approver Signature:	
REMARKS:	(Salaried positions & Stipends)	
	Budget Office	
	Human Resources	

TO BE COMPLETED by HUMAN RESOURCES and PAYROLL

FOR FIRST HIRES and REHIRE ONLY

Attached Documents: W-4 I-9 Form Confidential Data Drug/Nepotism Statement of Responsibility

HR/Payroll COMMENTS: