



PAF - PERSONNEL ACTION FORM

Instructions: Please, fill out each applicable item, forward the form to HR with manager's signature.
 Paycom PAF is an alternative to paper PAF form.

Employee: _____ Effective Date: _____
/effective date is the date of the personnel action becoming effective/

Supervisor: _____ Program: _____

<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire	Pay Rate:	Orientation Date:	Start Date:
Position:	Supervisor:	Program(s):	Department:
Driving Status:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	<input type="checkbox"/> Non Exempt <input type="checkbox"/> Exempt	FTE

CHANGE IN EMPLOYMENT	<input type="checkbox"/> Position Change	<input type="checkbox"/> Change in Pay (if on union scale, indicate the scale step)	<input type="checkbox"/> Change in Benefit Plan
<input type="checkbox"/> Secondary Position to Add or Remove	<input type="checkbox"/> Change in FTE (% or hours per week)	<input type="checkbox"/> Change in Location (Add, Remove)	<input type="checkbox"/> Additional Position
<input type="checkbox"/> Change of Supervisor	<input type="checkbox"/> Change in Job Title	<input type="checkbox"/> Change in Source Code	<input type="checkbox"/> Change in Department Allocation
<input type="checkbox"/> Change in Driving Status	Other:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	<input type="checkbox"/> Non Exempt <input type="checkbox"/> Exempt

Details on Each Marked Change:

If there is a change in employee's personal information (address, name, phone, etc.), refer employee to complete a Change of Personal Information Form, found under STAFF area on Janus site.

TERMINATION OF EMPLOYMENT Last Day Worked: _____ Eligible for Rehire? _____

- Substitute, no work in 6 months Lay Off (check with HR prior to lay-off)
- Involuntary Termination, attach a TAR (Termination Action Notice)
- Voluntary Resignation, attach a resignation note when possible. Mark a reason below:

- School Relocation Pay Benefits Personal, unknown Conflict at Work Retire Job Dissatisfaction
- Better Opportunity Elsewhere Commute Health Related Military Job Abandonment Schedule/Workload
- End of Interim of Temp Position Dissatisfied with the Management

Allocation % (should total to 100%):

Home Dept: _____; _____ %	Dept #3: _____; _____ %	Dept #5: _____; _____ %
Dept #2: _____; _____ %	Dept #4: _____; _____ %	Dept #6: _____; _____ %

Comments:

Supervisor Name: _____ Signature: _____ Date: _____

PD Name (required if change to budget): _____

PD Signature: _____ Date: _____

HR Director Signature: _____ Date: _____

HR: When entering PAF into Paycom, email employee the PAF Summary.