

PERSONNEL ACTION FORM (PAF) REGULAR/SALARIED EMPLOYEE

EMPLOYEE TYPE: Regular Classified Confidential Salaried Professional

EMPLOYEE IS ALSO AN HOURLY: Academic Employee Classified Employee

TYPE OF ACTION:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Out-of-Class Compensation | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> FTE Change | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Transfer/Reassignment | <input type="checkbox"/> Budget Code Change | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Reclassification | <input type="checkbox"/> Shift Differential | <input type="checkbox"/> Other: _____ |

EMPLOYEE NAME: _____ **EMPLOYEE ID#:** _____
Last First

EFFECTIVE DATE: _____ **END DATE:** _____ **SHIFT DIFF %:** _____

JOB TITLE: _____ **SUPERVISOR:** _____

DEPARTMENT: _____ **RANGE/STEP:** _____ **FTE:** _____ **# OF MONTHS:** _____

FUNDING SOURCE: No Change

FUND	ACTIVITY	PG FS	OBJECT	BUDGET CTR	%	BUDGET CTR NAME

NOTES:

HR and Union will meet and confer to determine out-of-class compensation.

APPROVALS – PLEASE USE BLUE INK

Supervisor Date

Controller Date

Next-Line Administrator Date

Associate Vice President, Human Resources, Training & Development Date

Assistant Superintendent/Vice President or President Date

HR USE ONLY	BOARD APPROVAL DATE: _____	POSITION CODE: - -
PAYROLL USE ONLY	<input type="checkbox"/> PERS/STRS <input type="checkbox"/> CPEM/CSRM <input type="checkbox"/> BNDS <input type="checkbox"/> ETAX <input type="checkbox"/> EDDP <input type="checkbox"/> OFFI <input type="checkbox"/> Step List <input type="checkbox"/> VAPO/COPO <input type="checkbox"/> TERM	