



Date Received by Human Resources:

Personnel Action Form (PAF)

EMPLOYEE INFORMATION

Last Name	First Name	Middle Initial	Employee ID (not a SSN)	Email Needed
				<input type="checkbox"/> Yes <input type="checkbox"/> No

UNIT/DEPARTMENT INFORMATION

Division	College/School/Work Unit	Grant #	Reports to Name and Employee ID:
			Time Manager:

PERSONNEL ACTION

	Date of Action	Start Employment	Modification	End Employment	Reason Code
Effective Date		Hire <input type="checkbox"/>	Promotion <input type="checkbox"/>	Termination <input type="checkbox"/>	
End of Appointment (All Temporary)		Rehire <input type="checkbox"/>	Pay Rate Change <input type="checkbox"/>	Retirement <input type="checkbox"/>	
Last Physical Date Worked		Return from LOA <input type="checkbox"/>	Position Change <input type="checkbox"/>	Leave (LOA) <input type="checkbox"/>	
		Transfer <input type="checkbox"/>	Data Change <input type="checkbox"/>	Suspension <input type="checkbox"/>	

POSITION

Job Code	FTE	Pay Grade	Job Title
Position No.		Business Title	

HR USE ONLY			HR USE ONLY	HR USE ONLY
Benefits			Eligible for Rehire at CSU	
Payroll				
Records				

PAYROLL

Department ID	Hourly <input type="checkbox"/>	Exempt <input type="checkbox"/>
	Monthly <input type="checkbox"/>	Non-Exempt <input type="checkbox"/>
Pay Rate	Annual <input type="checkbox"/>	Full Time <input type="checkbox"/>
\$	Per Semester Hour <input type="checkbox"/>	Part Time <input type="checkbox"/>
	Regular <input type="checkbox"/>	Temporary <input type="checkbox"/>

Staff	Faculty	Student	Other
Staff/Hourly <input type="checkbox"/>	12- Month Faculty <input type="checkbox"/>	Student Assistant <input type="checkbox"/>	Non-Paid Affiliate <input type="checkbox"/>
Staff/Monthly <input type="checkbox"/>	10-Month Faculty <input type="checkbox"/>	Graduate Assistant <input type="checkbox"/>	
Administrator <input type="checkbox"/>	Part Time Faculty <input type="checkbox"/>	CWSP (Work Study) <input type="checkbox"/>	
Professional <input type="checkbox"/>	Continuing Ed Instructor <input type="checkbox"/>		

PAY FREQUENCY

Bi-Weekly
 Monthly
 Semester

PHYSICAL WORK LOCATION (room #, building, etc., IF APPLICABLE)

COMMENTS:

AUTHORIZATIONS/APPROVALS

	Print Full Name	Signature	Date
Prepared By:			
Department:			
College/School (If Applicable):			
Vice President:			
Budget Approval:			
Human Resources Director (or Designee):	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		

HR USE ONLY
 Processed By: _____
 Notes: