

Personnel Action Form (PAF) For initial hires, the PDF form must accompany the PAF. (updated 04/01/03)

SSN#	Empl ID	Empl Recd #	Last Name	First Name	MI
Job Req #	Empl. phone	Depart. Code	Full Department Name:		

Effective Date (MM/DD/YY) :						
New/Existing			TO	Change		
Position #	<input type="checkbox"/> New <input type="checkbox"/> Existing			<input type="checkbox"/> New <input type="checkbox"/> Existing		
OU Job Code:						
Title:						
FTE:						
Rate of Pay	Hourly \$	OR	Monthly \$	Hourly \$	OR	Monthly \$
Annual Rate of Pay	\$			\$		
Benefits?:	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Action Code(s):	Terminal Pay <input type="checkbox"/> Lump Sum OR <input type="checkbox"/> Pay Out
Reason Codes/Explanations :	Number of hours:

Pay Distribution				
Acct. Number and Obj. Code	Beginning Date	% of Pay	Monthly or Hourly Amount- For Grants and Contracts only	Ending Date - For Grants and Contract and additional pay only.
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

For Additional Pay Information only		
Add't Pay Goal:\$	Monthly Amt: \$	Desc:

Complete Job Title --- Provide for Academic and Regents Appointment Only (Staff \$60,000 and Over)	
	To

For Academic Appointments Only	
Single Position Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pool	AAO Number:
Appointment Type: <input type="checkbox"/> Tenure <input type="checkbox"/> Tenure-track <input type="checkbox"/> Renewable <input type="checkbox"/> Non-tenure	To <input type="checkbox"/> Tenure <input type="checkbox"/> Tenure-track <input type="checkbox"/> Renewable <input type="checkbox"/> Non-tenure
End Date:	To
Contract Months: <input type="checkbox"/> 4.5 <input type="checkbox"/> 9 OR <input type="checkbox"/> 12	To <input type="checkbox"/> 4.5 <input type="checkbox"/> 9 OR <input type="checkbox"/> 12
Initial T/TT/RT appointment only: Tenure probationary period (years):	Review Date (MM/DD/YY):
Initial instructional appointment only: Graduated High School in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If GTA, define duties: <input type="checkbox"/> Instructing <input type="checkbox"/> Support <input type="checkbox"/> No Contact	EAP Signature and Date:

PAF Prepared by (Print first and last name) / Date	Phone
--	-------

Remarks:	Budget Unit:	Date:
	Dean / Director:	Date:
	Grants & Contracts:	Date:
	Provost / V P:	Date:
	OHR E&C:	Date:
	OHR Payroll:	Date: