

# DEPT OF MILITARY AFFAIRS PERSONNEL ACTION FORM (PAF)

updated 03/21/2023

- **New Employees:** The entire form must be completed. (Employee ID will be provided by DMA Payroll)
- **Current Employees:** Pay changes and personnel actions: complete Sections 1, 4, 5(a) & (b), 6 and 7.
- Send completed, signed form to the Director's Office; **Attn: DMA Human Resources**

<b>1. Name:</b>	<b>Employee ID #</b>	
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**2. New Employee Information**

Street Address	City/State	Zip
Mailing Address	City/State	Zip
Birth date (mo/day/yr)	Social Security Number	

**3. Employee Status** (Must check one box in each column)

<input type="checkbox"/> Permanent	<input type="checkbox"/> Full Time (insurance/retire eligible)	
<input type="checkbox"/> Temporary (less than 12 months)	<input type="checkbox"/> Part Time (insurance/retire eligible)	
<input type="checkbox"/> Short-term Worker (up to 90 working days)	<input type="checkbox"/> Part Time <20 with retirement	<b>Note:</b> May be eligible
<input type="checkbox"/> Seasonal	<input type="checkbox"/> Part Time <20 without retirement	for insurance if previously
	<input checked="" type="checkbox"/> Variable <20 – no Insurance Benefits	worked for state.

**4. Personnel Action**

<input type="checkbox"/> Hire <input type="checkbox"/> Rehire <input type="checkbox"/> New Hire (new to state govt) <input type="checkbox"/> Transfer	Action Code: _____ Reason Code: _____	<input type="checkbox"/> Demotion, Voluntary <input type="checkbox"/> Demotion Involuntary	<b>FLSA Overtime/comp time Status:</b> <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt
<input type="checkbox"/> Promotion - Competitive <input type="checkbox"/> Promotion - Career Ladder <input type="checkbox"/> Market Adjustment <input type="checkbox"/> Reclassification  <input type="checkbox"/> Temporary Promotion /Training Assignment <b>Begin</b> <input type="checkbox"/> Temporary Promotion /Training Assignment <b>Complete</b>	<input type="checkbox"/> SABHRS Time Approval  <input type="checkbox"/> Position #'s that report to this position:  <input type="checkbox"/> This position reports to position #: _____	<b>Termination:</b> <input type="checkbox"/> Retirement <input type="checkbox"/> Transfer to another agency _____ <input type="checkbox"/> Personal reasons <input type="checkbox"/> End Short Term, Temp or Student Intern Work <input type="checkbox"/> Career Choice, changing occupations <input type="checkbox"/> Dissatisfied with Coworkers <input type="checkbox"/> Family Reasons <input type="checkbox"/> Job Abandonment <input type="checkbox"/> Dissatisfied with Leadership <input type="checkbox"/> Dissatisfied with work conditions <input type="checkbox"/> Lacking Career Advancement <input type="checkbox"/> Leaving for More Pay <input type="checkbox"/> Relocation <input type="checkbox"/> Member Death <input type="checkbox"/> Did not meet probation <input type="checkbox"/> For Cause	
Task Profile:  Pay Location:  Need RSA token <input type="checkbox"/>	<b>Retirement Plan:</b> <input type="checkbox"/> PERS <input type="checkbox"/> TRS -Teacher <input type="checkbox"/> FURS – Fire fighter	<b>Union Member:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Union:</b> <input type="checkbox"/> 086 MFPE - MYCA <input type="checkbox"/> 039 IBEW – FMO <input type="checkbox"/> 009 MANG Fire Fighter

**Explanation:**

**Effective Date:**

**Prior Employment with State of Montana? Agency:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**5 a. Action Detail**

From (position title)	Pay Band	Base Rate*	Position Number
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**5 b. Action Detail**

To (position title)	Pay Band	Base Rate*	Position Number
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\*Base hourly rate does not include longevity pay

**6. Approvals**

**7. New Employee Hire & Change Approval**

Employee Signature	Supervisor Signature	Division Administrator Signature	HRO Signature
Date: _____	Date: _____	Date: _____	Date: _____