



CONFIDENTIAL

PERSONNEL ACTION CHANGE FORM

Use the tab key to navigate between fields

| | |
|---|---|
| Employee Name: NEW Employee <input type="checkbox"/> Current Employee <input type="checkbox"/> <small>(If it is a new employee complete all data in the fields below)</small> | Effective Date: Click here to enter a date. |
| New Name (Social Security Card verification required): | |
| New Address: | |
| City: State: Zip: | Telephone: |

Processing Instructions:

- **PAC forms that affect Payroll should be turned in as soon as possible**
- PAC forms must have the Director's approval
- Approved PAC forms must be routed to the Vice Chancellor/HR

| | | FROM (current) | TO (new) |
|--------------------------|--|----------------|---|
| <input type="checkbox"/> | DEPARTMENT RU (ex: TA-995) | | |
| <input type="checkbox"/> | RATE OF PAY (annual / hourly) | | |
| <input type="checkbox"/> | JOB TITLE | | |
| <input type="checkbox"/> | FLSA (exempt / non-exempt) | | |
| <input type="checkbox"/> | MARITAL STATUS | | |
| <input type="checkbox"/> | WORK SCHEDULE <small>(ex: 32hr, M – Th @ 8 per day)</small> | | |
| <input type="checkbox"/> | MEDICAL COVERAGE – EMPLOYEE <small>(change in schedule or status may change employees premium deduction)</small> | | |
| <input type="checkbox"/> | MEDICAL COVERAGE DEPENDENT(S) | | |
| <input type="checkbox"/> | FLEXIBLE SPENDING ACCOUNT | | |
| <input type="checkbox"/> | VOLUNTARY V-CHOICE | | |
| <input type="checkbox"/> | VOLUNTARY V-CHOICE – VISION | | |
| <input type="checkbox"/> | VOLUNTARY LONG TERM CARE | | |
| <input type="checkbox"/> | 403B RETIREMENT SAVINGS -VOLUNTARY | | |
| <input type="checkbox"/> | LEAVE <input type="checkbox"/> L&I <input type="checkbox"/> FMLA <input type="checkbox"/> OTHER <input type="checkbox"/> KOS <small>(keep on salary)</small> | Beginning on: | Return to work date: OR Ended on: |
| <input type="checkbox"/> | OTHER | | |

COMMENTS:

Employee Signature: _____ **Date:** _____

Director Approval: _____ **Date:** _____

Chancellor/Bishop Tyson: _____ **Date:** _____

COMPLETED AND SIGNED FORM MUST BE ROUTED TO HUMAN RESOURCES

Payroll _____ HR _____