

NOTE: Download before completing any fields and only use Adobe Reader OR Adobe Acrobat to complete the form.

UNION COLLEGE

PERSONNEL ACTION FORM (PAF)

(Please Print)

ID # \_\_\_\_\_

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_
Last, First MI

Position: \_\_\_\_\_ Position Grade: \_\_\_\_\_

Department & Division: \_\_\_\_\_ Responsibility Center: \_\_\_\_\_

(Check all that apply.)

Full-Time (>=30 hrs/wk) Part-Time (<30 hrs/wk) Temporary (<90 days/yr or Adjunct)

10 Month Position 12 Month Position

Project # \_\_\_\_\_ Object # \_\_\_\_\_ Work Arrangement: \_\_\_\_\_

EMPLOYMENT (Complete all rows within appropriate category) Replacement For: \_\_\_\_\_

Table with 3 columns: Hourly, Administrative, Academic. Rows include Hourly Rate, Salary, Hours Annually, Beginning Date, Ending Date, and Adjunct checkbox.

PAY/JOB CHANGE (All noted actions must be reviewed by Human Resources and appropriate documentation attached)

Department Transfer From \_\_\_\_\_ To \_\_\_\_\_
Title/Grade Change From \_\_\_\_\_ To \_\_\_\_\_
Pay/Rate Change From \_\_\_\_\_ To \_\_\_\_\_
Hours Change From \_\_\_\_\_ To \_\_\_\_\_

LEAVE OF ABSENCE (Attach personal, supervisory or medical documentation)

Voluntary Involuntary Medical Extension of Leave
Last Day Worked \_\_\_\_\_ Return Date \_\_\_\_\_

TERMINATION (Attach letter of resignation for voluntary termination; provide HR with supporting documentation for involuntary termination)

Last Day Worked \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Vacation Due: All Accrued None
Voluntary (Minimum 2-week Notice Given)
Involuntary (Sufficient Notice Pay: 2 Week (STAFF) 60 days (ADMIN) Other \_\_\_\_\_)

APPROVALS/ACKNOWLEDGMENTS

Immediate Supervisor \* \_\_\_\_\_ Date \_\_\_\_\_
Department Head \* \_\_\_\_\_ Date \_\_\_\_\_
Responsibility Center Head \* \_\_\_\_\_ Date \_\_\_\_\_
Budget \* \_\_\_\_\_ Date \_\_\_\_\_
Human Resources \* \_\_\_\_\_ Date \_\_\_\_\_
Payroll \* \_\_\_\_\_ Date \_\_\_\_\_

\*If you are electronically submitting this form, put your electronic signature by marking the box and typing your name above. See reverse for information.

(Instructions on Reverse)

For HR Use: Req # \_\_\_\_\_

## **PERSONNEL ACTION FORM (PAF) INSTRUCTIONS**

*Personnel Action Forms should originate in the employing department. Please complete all applicable information.*

**EFFECTIVE DATE:** The effective date is the date that begins or ends the action noted.

**FULL TIME:** Full time is 30 hours or more of *regularly* scheduled work per week. Full time benefit eligible if regularly scheduled to work a minimum of 30 hours per week *and* a minimum of 1,000 hours per year.

**PART TIME:** Part time is less than 30 hours of *regularly* scheduled work per week. Part time benefit eligible if regularly schedule to work a minimum of 20 hours per week *and* a minimum of 660 hours per year. Employees who work less than 20 hours a week and less than 660 hours per year are *not* benefits eligible.

**TEMPORARY:** Temporary is employment for no more than 90 days regardless of the hours per week. Adjunct professors also fall under this category.

**PROJECT #/OBJECT #:** Provide the correct project and object account numbers.

### **ACTION**

#### ***EMPLOYMENT***

Hourly relates to “staff” employees that are paid a set rate for each hour worked. Administrative relates to employees paid on a salary basis regardless of the number of hours worked. Academic relates to “faculty and Adjunct” position paid on a salary basis regardless of the number of hours worked. Complete all rows within the applicable category.

#### ***PAY/JOB CHANGE***

Transfers, title changes and pay changes should be reviewed with Human Resources before they become effective. Shift differential hours apply only to regular hourly paid staff who begin work after 3:00 p.m. Shift differential pay is the regular base pay plus \$.25 for the 3pm-11pm shift or \$1.00 for the 11pm-7am shift.

#### ***LEAVE OF ABSENCE***

All leave of absence requests must be supported by written documentation and follow the appropriate Union College policy.

#### ***TERMINATION***

All terminations must be supported by written documentation. No employee should be involuntarily terminated prior to reviewing the matter with Human Resources.

Sufficient Notice Pay: For involuntary terminations please indicate amount of sufficient notice pay required.

#### ***APPROVALS/ACKNOWLEDGMENTS***

The Department Head and Responsibility Center Head must sign the PAF before it is forwarded to Human Resources. Human Resources will review the PAF and make corrections prior to forwarding for Budget approval and Payroll processing.

#### ***\* ELECTRONIC SIGNATURE***

By typing your name on the signature line and checking the box next to signature on the form, you are hereby consenting and accepting this to constitute your signature, acceptance and agreement as if it was actually signed by you in writing. Please note that it has the same force and effect as a signature affixed by hand.

When submitted to payroll, a copy of the PAF will be returned to you as verification that the action has been implemented.