

# EASTERN MICHIGAN UNIVERSITY

## Personnel Action Form - Staff PAF

AC, AH, AP (Non Academic), CC, CP, CS, EC, ES, FM, PS, PT, TM

Personnel Change Dates:

CHECK HERE IF SUPERSEDING PAF

Date Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YY

From Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YY

To Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YY

If name or address change, please check box

|                    |                           |                                     |                                |
|--------------------|---------------------------|-------------------------------------|--------------------------------|
| <b>LAST NAME:</b>  | <b>BANNER ID:</b>         | <b>BIRTHDATE:</b>                   | <b>ETHNIC GRP:</b>             |
| <b>FIRST NAME:</b> | <b>MI:</b>                | <b>SSN:</b>                         | <b>VET:</b>                    |
| <b>ADDRESS:</b>    | <b>Home</b>               | <b>Campus</b>                       | <b>COUNTRY OF CITIZENSHIP:</b> |
| <b>HOME PHONE:</b> | <b>MARITAL STATUS:</b>    | <b>VISA TYPE &amp; EXPIRE DATE:</b> | <b>GENDER :</b>                |
| <b>WORK PHONE:</b> | <b>CURRENT HIRE DATE:</b> | <b>ORIGINAL HIRE DATE:</b>          |                                |
|                    | <b>CLASS RANK DATE:</b>   | <b>SENIORITY DATE:</b>              |                                |

1. EMPLOYMENT ACTION:

2. EMPLOYMENT ACTION:

3. EMPLOYMENT ACTION:

(Must enter code up to 5 characters)

(Must enter code up to 5 characters)

(Must enter code up to 5 characters)

STATUS: DIVISION: E CLASS: PAY FREQUENCY: APPT. %: BASE SALARY: HOURLY RATE:

| FUND | ORGN | ACCT | DEPT NAME | PCN | POSTION TITLE | PCLS CODE | FLSA | CLASS | GRADE | STEP | LD % | SALARY | END DATE |
|------|------|------|-----------|-----|---------------|-----------|------|-------|-------|------|------|--------|----------|
|      |      |      |           |     |               |           |      |       |       |      |      |        |          |

**COMMENTS:** (For New Hire EC or ES PAFs attach EC contract agreement; For New Hire TM PAFs attach job summary and list of duties to be performed. If being paid on lump sum fee basis indicate amount here and approximate # work hours of effort expected.)

| AUTHORIZATION                                     |       |
|---|-------|
| DEPARTMENT:                                       | Date: |
| (Grant Funded Positions )<br>PROJECT COORDINATOR: | Date: |
| DIVISIONAL EXEC.:                                 | Date: |
| GRANTS ACCOUNTING:                                | Date: |
| BUDGET OFFICE:                                    | Date: |
| HUMAN RESOURCES:                                  | Date: |

EMPLOYEE SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_  
(Required for name/address change)

Human Resources: Verified New Hire Information \_\_\_\_\_ Date \_\_\_\_\_

Print Date/Time: \_\_\_\_\_ Last job action and personnel change date: \_\_\_\_\_