

EASTERN MICHIGAN UNIVERSITY Personnel Action Form - Academic PAF (Academic AP, FA, LE, LL, VF)

Date Requested: ___/___/___

CHECK HERE IF SUPERSEDING PAF ___/___/___

CHECK HERE IF SUBSTITUTION PAF

Effective Dates (if not full semester):

From Date: ___/___/___ To Date: ___/___/___
MM/DD/YY MM/DD/YY

NAME:

BANNER ID:

PAY FREQ
(for FA and
LE only):

CAMPUS ADDRESS:

HOME PHONE:

CAMPUS PHONE:

POSITION CONTROL
NUMBER:

FUND	ORGN	ACCT	PROG	DEPARTMENT	% APPT	CREDIT HOUR EQUIVALENCY	COMPENSATION	ACTION CODE	CRN/COURSE # /NON-INSTRUCTIONAL
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AUTHORIZATION

DATE

FOR ACADEMIC BUDGET / AHR USE

DEPARTMENT HEAD:

PROJECT DIRECTOR:

GRANTS ACCOUNTING:

DEAN:

UNIV BUDGET (IF APPLICABLE):