

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:

Date Requested: ___/___/___
MM/DD/YY

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

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

CHECK HERE IF SUPERSEDING PAF

If name or address change, please check box

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

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:
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<u>FUND</u>	<u>ORGN</u>	<u>ACCT</u>	<u>DEPT NAME</u>	<u>PCN</u>	<u>POSTION TITLE</u>	<u>PCLS</u> <u>CODE</u>	<u>FLSA</u>	<u>CLASS</u>	<u>GRADE</u>	<u>STEP</u>	<u>LD</u> <u>%</u>	<u>SALARY</u>	<u>END DATE</u>

COMMENTS: (For New Hire PAFs include here the posting reference # and also indicate highest degree level)

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

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

Human Resources: Verified New Hire Information _____ Date _____

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

PEBEMPL_ACTIVITY_DATE:

SPBPERS_ACTIVITY_DATE: