

NAME	EID
LAST	FIRST
M.I.	(Employee ID)

	START DATE:	END DATE:
TYPE OF ACTION <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE LAST MO/YR. WORKED _____ <input type="checkbox"/> TERMINATION <input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> DISMISSAL <input type="checkbox"/> LAYOFF <input type="checkbox"/> DEATH <input type="checkbox"/> RELEASE DURING PROBATION <input type="checkbox"/> CHANGE OF STATUS <input type="checkbox"/> CHANGE OF HRS/MOS. <input type="checkbox"/> TEMPORARY _____ INCREASE/ _____ DECREASE <input type="checkbox"/> TRANSFER <input type="checkbox"/> PROMOTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> LEAVE OF ABSENCE TYPE OF LEAVE _____ <input type="checkbox"/> SUSPENSION <input type="checkbox"/> OTHER _____ <input type="checkbox"/> LONGEVITY <input type="checkbox"/> SHIFT DIFFERENTIAL	FROM DEPARTMENT CLASSIFICATION GRADE/RANGE _____ STEP _____ LONGEVITY _____ SHIFT DIFFERENTIAL _____ BILINGUAL STIPEND _____ OTHER _____ BUDGET CODE : _____ % _____ % _____ % PERCENT WORKED _____ % PAY RATE \$ _____ <input type="checkbox"/> HR <input type="checkbox"/> MO SALARY SCHEDULE: _____ HRS/WK _____ HRS/DAY _____ MONTHS _____ HOURS OF WORK _____	TO DEPARTMENT CLASSIFICATION GRADE/RANGE _____ STEP _____ LONGEVITY _____ SHIFT DIFFERENTIAL _____ BILINGUAL STIPEND _____ OTHER _____ BUDGET CODE : _____ % _____ % _____ % PERCENT WORKED _____ % PAY RATE \$ _____ <input type="checkbox"/> HR <input type="checkbox"/> MO SALARY SCHEDULE: _____ HRS/WK _____ HRS/DAY _____ MONTHS _____ HOURS OF WORK _____
FOR HR USE ONLY	PROBATIONARY PERIOD - EXPIRES: _____ STEP INCREASE DUE: _____	

REMARKS:

PAF ORIGINATOR:

PAYROLL DATE:

Approvals - PLEASE DO NOT SIGN IN BLACK INK

DEPARTMENT CHAIR/SUPERVISOR	DATE	VICE PRESIDENT	DATE
DEAN/DIRECTOR	DATE	PRESIDENT	DATE
DEAN	DATE	BUDGET	DATE
VICE PRESIDENT	DATE	HUMAN RESOURCES	DATE