

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

EFFECTIVE DATE:

TYPE OF ACTION	FROM	TO
<input type="checkbox"/> EMPLOYMENT <div style="margin-left: 20px;"> <input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <div style="margin-left: 20px;">LAST MO/YR. WORKED _____</div> <input type="checkbox"/> RETURN FROM LEAVE </div> <input type="checkbox"/> TERMINATION <div style="margin-left: 20px;"> <input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> SEPARATION <input type="checkbox"/> DISMISSAL <input type="checkbox"/> LAYOFF <input type="checkbox"/> END OF ASSIGNMENT <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER </div> <input type="checkbox"/> CHANGE OF STATUS <div style="margin-left: 20px;"> <input type="checkbox"/> REASSIGNMENT <input type="checkbox"/> LEAVE OF ABSENCE <div style="margin-left: 20px;">EFFECTIVE _____</div> <div style="margin-left: 20px;">to _____</div> <div style="margin-left: 20px;">TYPE OF LEAVE _____</div> </div> <input type="checkbox"/> SABBATICAL <div style="margin-left: 20px;">EFFECTIVE _____</div> <div style="margin-left: 20px;">to _____</div> <input type="checkbox"/> OTHER _____	<div> <input type="checkbox"/> CONTRACT <input type="checkbox"/> SUBSTITUTE <input type="checkbox"/> ADJUNCT FACULTY <input type="checkbox"/> TEMPORARY CONTRACT </div> DEPARTMENT CLASSIFICATION <div> CLASS: _____ STEP: _____ DURATION: _____ BUDGET CODE : <div style="margin-left: 20px;">_____ %</div> <div style="margin-left: 20px;">_____ %</div> <div style="margin-left: 20px;">_____ %</div> </div> PERCENT WORKED _____ % PAY RATE \$ _____ <div style="margin-left: 100px;"> <input type="checkbox"/> HR <input type="checkbox"/> MO <input type="checkbox"/> YR </div> SALARY SCHEDULE _____	<div> <input type="checkbox"/> CONTRACT <input type="checkbox"/> SUBSTITUTE <input type="checkbox"/> ADJUNCT FACULTY <input type="checkbox"/> TEMPORARY CONTRACT </div> DEPARTMENT CLASSIFICATION <div> CLASS: _____ STEP: _____ DURATION: _____ BUDGET CODE : <div style="margin-left: 20px;">_____ %</div> <div style="margin-left: 20px;">_____ %</div> <div style="margin-left: 20px;">_____ %</div> </div> PERCENT WORKED _____ % PAY RATE \$ _____ <div style="margin-left: 100px;"> <input type="checkbox"/> HR <input type="checkbox"/> MO <input type="checkbox"/> YR </div> SALARY SCHEDULE _____
	LEC:\$ LAB:\$ NC:\$ BH:\$ CDCP:\$	
	STEP INCREASE DUE: _____	

REMARKS:

PAF ORIGINATOR:

PAYROLL DATE:

Approvals - PLEASE DO NOT SIGN IN BLACK INK

DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE	DATE	VICE PRESIDENT	DATE
DEAN	DATE	PRESIDENT	DATE
DEAN	DATE	HUMAN RESOURCES	DATE
BUDGET	DATE	BOARD DATE: _____	