




PAF # _____
PROFESSIONAL EXPERT
INDIVIDUAL AND MASTER
PERSONNEL ACTION FORM (PAF)

NAME		
LAST	FIRST	INITIAL
EID: (Employee ID)		
PROF EXPERT's MAY NOT BEGIN EMPLOYMENT WITHOUT FULLY APPROVED PAF AND COMPLETED EMPLOYMENT PAPERWORK SUBMITTED TO HR.		
LIMITATIONS: 175 MAX DAYS AND 25 MAX HOURS PER WEEK		
TYPE OF ACTION	FISCAL YEAR:	
<input type="checkbox"/> NEW HIRE HR: Paperwork Received: _____ <i>Paperwork must be submitted prior to effective date</i>	Must be pre-approved to pay at Step 1 of the Classified Salary Schedule (Year) CLASSIFIED SALARY SCHEDULE	
<input type="checkbox"/> RE-HIRE HR: Last Mo/Yr Worked: _____	GRADE: STEP:	
<input type="checkbox"/> TERMINATION	BILINGUAL STIPEND <input type="checkbox"/> Must be pre-approved to pay STNC Bilingual Stipend (5%)	
<input type="checkbox"/> RESIGNATION	OTHER:	
DEPARTMENT:	PAY RATE: \$ _____ per hour	
CLASSIFICATION/TITLE:	BUDGET CODE: _____ % _____ %	
SITE: SR PET WIND FARM _____	MAXIMUM NUMBER OF HOURS PER WEEK: LIMITED TO 25 HOURS PER WEEK PER PROFESSIONAL EXPERT If more than 25 hours per week, the hiring manager must get pre-approval by completing the 'Additional Costs for STNC/Professional Expert Employees' form which is available on the HR Forms page.	
EFFECTIVE DATE: END DATE: <i>MUST BE APPROVED PRIOR TO EFFECTIVE DATE</i>	MAXIMUM NUMBER OF HOURS TOTAL: MAXIMUM DOLLARS \$	
REMARKS:		
PAF ORIGINATOR: _____  PAYROLL DATE: _____		

Approvals: **MUST BE FULLY APPROVED PRIOR TO EFFECTIVE DATE!** **PLEASE DO NOT SIGN IN BLACK**

Department Chair/Supervisor _____ Date _____ Vice President/President _____ Date _____

Dean/Director _____ Date _____ Budget _____ Date _____

Dean _____ Date _____ Human Resources _____ Date _____

Vice President _____ Date _____

BOARD _____

Copy to: Human Resources; Payroll; Department; Employee