



PAF # \_\_\_\_\_  
**SHORT-TERM NON-CONTINUING (STNC)  
 INDIVIDUAL AND MASTER  
 PERSONNEL ACTION FORM (PAF)**

<b>NAME</b>		
LAST	FIRST	INITIAL <b>EID:</b> (Employee ID)
<p style="color: red; font-weight: bold; margin: 0;">STNC's MAY NOT BEGIN EMPLOYMENT WITHOUT FULLY APPROVED PAF AND COMPLETED EMPLOYMENT PAPERWORK SUBMITTED TO HR.</p> <p style="font-weight: bold; margin: 0;">LIMITATIONS: 175 MAX DAYS AND 25 HOURS PER WEEK</p>		
<u><b>TYPE OF ACTION</b></u> <input type="checkbox"/> NEW HIRE HR: Paperwork Received: _____ <span style="color: red; font-weight: bold; font-size: small;">Paperwork must be submitted prior to effective date</span> <input type="checkbox"/> RE-HIRE HR: Last Mo/Yr Worked: _____ <input type="checkbox"/> TERMINATION <input type="checkbox"/> RESIGNATION	<b>FISCAL YEAR:</b> <hr/> <i>Must be pre-approved to pay at Step 1 of the Classified Salary Schedule</i> (Year) <b>CLASSIFIED SALARY SCHEDULE</b> <b>GRADE:</b> <b>STEP:</b>	
	<b>BILINGUAL STIPEND</b> <input type="checkbox"/> <i>Must be pre-approved to pay STNC Bilingual Stipend (5%)</i>	
	<b>OTHER:</b>	
<b>DEPARTMENT:</b>	<b>PAY RATE:</b> \$ _____ per hour	
<b>CLASSIFICATION/TITLE:</b>	<b>BUDGET CODE:</b>	
	_____ % _____ %	
<b>SITE:</b> SR    PET    WIND    FARM    _____	<b>MAXIMUM NUMBER OF HOURS PER WEEK:</b> <span style="color: red; font-weight: bold; font-size: small;">LIMITED TO 25 HOURS PER WEEK PER STNC</span> 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.	
<b>EFFECTIVE DATE:</b>	<b>MAXIMUM NUMBER OF HOURS TOTAL:</b>	
<b>END DATE:</b>	<b>MAXIMUM DOLLARS \$</b>	
<span style="color: red; font-weight: bold; font-size: small;">MUST BE APPROVED PRIOR TO EFFECTIVE DATE</span>		
<b>REMARKS:</b>		
<b>PAF ORIGINATOR:</b>		<b>PAYROLL DATE:</b>

**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 DATE:** \_\_\_\_\_

Copy to: Human Resources; Payroll; Department; Employee