

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

NAME			
LAST		FIRST	MIDDLE INITIAL
PREFERRED NAME		E	ID: (Employee ID)
AND COMPLETED EMPLOYMENT	r Doci	GIN EMPLOYMENT WITHOUT AN AP JMENTS SUBMITTED TO HUMAN RE DNS: 25 MAX HOURS PER WEEK	
TYPE OF EMPLOYMENT ACTION	FISC	CAL YEAR:	
■ NEW HIRE HR: Employment Documents Received: Employment Documents must be submitted prior to effective date RE-HIRE	END	ECTIVE DATE: D DATE: must be approved prior to effective date	
HR: Last Mo/Yr Worked:	PAY	RATE: \$ per hour	Must be at least minimum wage
CONTINUING TERMINATION	BUD	OGET CODE:	
DEPARTMENT:			% %
CLASSIFICATION/TITLE:	MAXIMUM NUMBER OF HOURS PER WEEK: Limited to 25 hours per week per Professional Expert		
WORKSITE: SR PET WIND SHONE ROSELAND	pre-a Expe	neduled for more than 25 hours per week, hiring approval by submitting the 'Additional Costs for sert Employees' form along with the PAF (availabources Forms page).	STNC/Professional
REASON FOR REVISION:	MAX	KIMUM NUMBER OF HOURS TOTAL:	
☐ BUDGET CODE CHANGE	MAXIMUM DOLLARS: \$		
COMMENTS:	•		
PAF ORIGINATOR:		PAYROLL DATE:	
Approvals: MUST HAVE DEAN/MANAGER APP	ROVAL		
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Department Chair/Supervisor	Date	Vice President/President	Date
Dean/Director	Date	Budget	Date
Dean	Date	Human Resources	Date
Vice President	Date		
Outside House Browning B. H. III.		BOARD DATE:	