



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

NAME		
LAST	FIRST	MIDDLE INITIAL
PREFERRED NAME		EID: (Employee ID)
PROFESSIONAL EXPERTS MAY NOT BEGIN EMPLOYMENT WITHOUT AN APPROVED PAF AND COMPLETED EMPLOYMENT DOCUMENTS SUBMITTED TO HUMAN RESOURCES.		
EMPLOYMENT LIMITATIONS: 25 MAX HOURS PER WEEK		
<u>TYPE OF EMPLOYMENT ACTION</u> <input type="checkbox"/> NEW HIRE HR: Employment Documents Received: _____ <i>Employment Documents must be submitted prior to effective date</i> <input type="checkbox"/> RE-HIRE HR: Last Mo/Yr Worked: _____ <input type="checkbox"/> CONTINUING <input type="checkbox"/> TERMINATION	FISCAL YEAR: EFFECTIVE DATE: END DATE: <i>PAF must be approved prior to effective date</i> PAY RATE: \$ _____ per hour <i>Must be at least minimum wage</i> BUDGET CODE: _____ % _____ %	
DEPARTMENT:		
CLASSIFICATION/TITLE:	MAXIMUM NUMBER OF HOURS PER WEEK: <i>Limited to 25 hours per week per Professional Expert</i> If scheduled for more than 25 hours per week, hiring manager must get pre-approval by submitting the 'Additional Costs for STNC/Professional Expert Employees' form along with the PAF (available on the Human Resources Forms page).	
WORKSITE: <input type="checkbox"/> SR <input type="checkbox"/> PET <input type="checkbox"/> WIND <input type="checkbox"/> SHONE <input type="checkbox"/> ROSELAND		
REASON FOR REVISION: <input type="checkbox"/> BUDGET CODE CHANGE	MAXIMUM NUMBER OF HOURS TOTAL: MAXIMUM DOLLARS: \$	
COMMENTS:		
PAF ORIGINATOR: _____	PAYROLL DATE: _____	

Approvals: *MUST HAVE DEAN/MANAGER APPROVAL PRIOR TO EFFECTIVE DATE*

Department Chair/Supervisor	Date	Vice President/President	Date
Dean/Director	Date	Budget	Date
Dean	Date	Human Resources	Date
Vice President	Date		

BOARD DATE: _____