

## 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:  Must be pre-approved to pay at Step 1 of the Classified Salary Schedule (Year) CLASSIFIED SALARY SCHEDULE  GRADE: STEP:  BILINGUAL STIPEND   Must be pre-approved to pay STNC Bilingual Stipend (5%)			
NEW HIRE  HR: Paperwork Received:  Paperwork must be submitted prior to effective date  RE-HIRE  HR: Last Mo/Yr Worked:				
☐ TERMINATION				
RESIGNATION	OTHER:			
DEPARTMENT:	PAY RATE: \$		per hour (mu	st be at least minimum wage)
CLASSIFICATION/TITLE:	BUDGET CODE:			% %
SITE: SR PET WIND FARM  EFFECTIVE DATE: END DATE: MUST BE APPROVED PRIOR TO EFFECTIVE DATE  REMARKS:	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.  MAXIMUM NUMBER OF HOURS TOTAL:  MAXIMUM DOLLARS \$			
PAF ORIGINATOR:	DAVD	OLL DATE:		
Approvals: MUST BE FULLY APPROVED PRIOR TO EFFECTIVE DATE! PLEASE DO NOT SIGN IN BLACK				
Department Chair/Supervisor	Date Vice Pres	ident/President		Date
Dean/Director	Date Budget			Date
Dean	Date Human R	esources		Date
Vice President	Date	BOARD		
Copy to: Human Resources; Payroll; Department; Employe	е			