



PAF # _____
**SHORT-TERM NON-CONTINUING (STNC)
 INDIVIDUAL AND GROUP
 PERSONNEL ACTION FORM (PAF)**

NAME		
LAST	FIRST	INITIAL EID: (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>		
<p><u>TYPE OF ACTION</u></p> <p><input type="checkbox"/> NEW HIRE HR: Paperwork Received: _____ <i>Paperwork must be submitted prior to effective date</i></p> <p><input type="checkbox"/> RE-HIRE HR: Last Mo/Yr Worked: _____</p> <p><input type="checkbox"/> TERMINATION</p> <p><input type="checkbox"/> RESIGNATION</p>	<p>FISCAL YEAR:</p> <p style="text-align: center;"><i>Must be pre-approved to pay at Step 1 of the Classified Salary Schedule</i> (Year) CLASSIFIED SALARY SCHEDULE</p> <p>GRADE: STEP:</p>	
	<p>BILINGUAL STIPEND <input type="checkbox"/></p> <p style="text-align: center;"><i>Must be pre-approved to pay STNC Bilingual Stipend (5%)</i></p>	
	<p>OTHER:</p>	
DEPARTMENT:	<p>PAY RATE: \$ _____ per hour (must be at least minimum wage)</p>	
CLASSIFICATION/TITLE:	<p>BUDGET CODE:</p> <p style="text-align: right;">_____ % _____ %</p>	
<p>SITE: SR PET WIND FARM _____</p>	<p>MAXIMUM NUMBER OF HOURS PER WEEK:</p> <p style="color: red; font-weight: bold;"><i>LIMITED TO 25 HOURS PER WEEK PER STNC</i></p> <p><small>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.</small></p>	
<p>EFFECTIVE DATE:</p> <p>END DATE:</p> <p style="color: red; font-weight: bold;"><i>MUST BE APPROVED PRIOR TO EFFECTIVE DATE</i></p>	<p>MAXIMUM NUMBER OF HOURS TOTAL:</p> <p>MAXIMUM DOLLARS \$</p>	
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 DATE: _____

Copy to: Human Resources; Payroll; Department; Employee