



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

NAME		
LAST	FIRST	MIDDLE INITIAL
PREFERRED NAME		EID: (Employee ID)
STNCs MAY NOT BEGIN EMPLOYMENT WITHOUT FINGERPRINT CLEARANCE, A FULLY APPROVED PAF AND COMPLETED EMPLOYMENT DOCUMENTS SUBMITTED TO HUMAN RESOURCES		
EMPLOYMENT LIMITATIONS: 175 MAX DAYS PER FISCAL YEAR AND 25 HOURS PER WEEK		
TYPE OF EMPLOYMENT ACTION		FISCAL YEAR:
<input type="checkbox"/> NEW HIRE HR: Employment Documents Received: _____ <i>Employment Documents must be submitted prior to effective date</i>		EFFECTIVE DATE: END DATE: <i>PAF must be approved prior to effective date</i>
<input type="checkbox"/> RE-HIRE HR: Last Mo/Yr Worked: _____		PAY RATE: \$ _____ per hour <i>Must be at least minimum wage</i> <input type="checkbox"/> BILINGUAL STIPEND <i>Must be pre-approved to pay STNC Bilingual Stipend (5%)</i>
<input type="checkbox"/> CONTINUING <input type="checkbox"/> TERMINATION		TOTAL HOURLY PAY RATE + BILINGUAL: \$ _____
DEPARTMENT:		BUDGET CODE:
		_____ % _____ %
CLASSIFICATION/TITLE:		MAXIMUM NUMBER OF HOURS PER WEEK:
		<i>Limited to 25 hours per week per STNC</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:		MAXIMUM NUMBER OF HOURS TOTAL:
<input type="checkbox"/> SR <input type="checkbox"/> PET <input type="checkbox"/> WIND <input type="checkbox"/> SHONE <input type="checkbox"/> ROSELAND		
REASON FOR REVISION:		MAXIMUM DOLLARS: \$
<input type="checkbox"/> BUDGET CODE CHANGE		
COMMENTS:		
PAF ORIGINATOR:		PAYROLL DATE:
_____		_____

Approvals: *MUST HAVE VP 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: _____

Copy to: Human Resources; Payroll; Hiring Department; Employee