

## PERSONNEL ACTION FORM (PAF) REGULAR/SALARIED EMPLOYEE

EMPLOYEE TYPE	E: □ Regula	r Classified	☐ Confidentia	al 🗆 Salaried	Profession	al		
EMPLOYEE IS AL	SO AN HOU	RLY: 🗆 Aca	demic Employe	e 🗆 Classified	d Employee	2		
			<ul><li>☐ Out-of-Class Compensation</li><li>☐ FTE Change</li></ul>			<ul><li>☐ Resignation</li><li>☐ Retirement</li></ul>		
<ul><li>☐ Transfer/Reassignment</li><li>☐ Reclassification</li></ul>			<ul><li>□ Budget Code Change</li><li>□ Shift Differential</li></ul>			☐ Termination ☐ Other:		
EMPLOYEE NAME:				First		EMPLOYEE ID#: _		
EFFECTIVE DATE:					SHIFT DIFF %:			
JOB TITLE: SUPERVISOR:								
DEPARTMENT: RANGE/STEP: FTE: # OF MONTHS:								
FUNDING SOURCE: ☐ No Change								
FUND AC	CTIVITY	PG FS	OBJECT	BUDGET CTR	%	BUDGET CTR	NAME	
NOTES:								
APPROVALS – PLEASE USE BLUE INK								
Supervisor			Date	Controller			Date	
Next-Line Administrator			Date	Associate Vice President, Human Resources, Training & Development			Date	
Assistant Superintendent/Vice President Date or President								
HR USE ONLY	HR USE ONLY BOARD APPROVAL DATE:				POSITION CODE: – –			
PAYROLL USE ONL	ROLL USE ONLY PERS/STRS CPEM/CSRM BNDS ETAX EDDP OFFI Step List VAPO/COPO TERM							