



PERSONNEL ACTION FORM (PAF)

Employee ID# _____

Today's Date: _____

PERSONNEL ACTIONS (Mark all boxes that apply)

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> NEW HIRE | <input type="checkbox"/> JOB STATUS CHANGE | <input type="checkbox"/> PERSONAL CHANGE |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> RETURN FROM LAYOFF | <input type="checkbox"/> REINSTATEMENT |
| <input type="checkbox"/> LAYOFF | <input type="checkbox"/> WAGE LINE ITEM CHANGE | <input type="checkbox"/> LEAVE OF ABSENCE |
| <input type="checkbox"/> 90 DAY EVAL | <input type="checkbox"/> SEPARATION OF EMPLOYMENT | <input type="checkbox"/> OTHER _____ |

HR USE ONLY

Date received: _____ By: _____
 Sent to Payroll: _____ By: _____
 TD: _____ TT: _____
 PT FT

PERSONAL INFORMATION

First Name _____ Full Middle Name _____ Last Name _____ Sr., Jr., III... _____ Maiden Name _____
 Social Security # _____ Birth Date: _____ Tribal Affiliation: _____
 Mailing Address: _____ City: _____ State: _____ Zipcode: _____
 Physical Address: _____ City: _____ State: _____ Zipcode: _____
 Phone 1: _____ Phone 2: _____ Emergency Contact: _____ Phone: _____

JOB STATUS INFORMATION

Hire / Effective Date _____ Division/Program _____ Job Title _____
 CHANGE TO: _____ Division/Program _____ Job Title _____
 HIRE STATUS: Regular Reinstatement Seasonal Education program to Regular On Call/Substitute
 Transfer Promotion Demotion Temp to Regular Retro back pay to: _____ (If applicable) days
 Temporary Hire, not to exceed: _____ days Emergency Hire, not to exceed: _____ days
 *Employment requisition is required for Emergency Hire
 WORK STATUS: Full-time (30 hours or more per week) Part-time (less than 29 hours per week) Less than 52 weeks
 END PROBATIONARY PERIOD: Accrue Annual Leave back to: _____
 PAYROLL STATUS: INCREASE DECREASE SAME
 Current: \$ _____ per hour Hourly Salaried Change to: \$ _____ per hour Hourly Salaried
 WAGE LINE ITEM STATUS: Budgeted from* Grant Funded Direct Funded In-Direct Funded Program Fees
 *Must total 100% NEW/ADD _____ %, _____ %, _____ %

LEAVE OF ABSENCE

TYPE OF LEAVE: _____ Actual last day worked: _____ Anticipated RTW date: _____
 EXTEND LOA: Previous RTW Date: _____ New Anticipated RTW date: _____ (RTW -Return To Work)
 RETURN FROM LEAVE OF ABSENCE: Actual first day back to work: _____

SEPARATION OF EMPLOYMENT

*ACTUAL LAST DATE WORKED: _____

*Documentation must be attached.

RESIGNATION Written Verbal
 LAYOFF Permanent Temporary/Seasonal If subject to recall, note the Return To Work date: _____
 TEMPORARY HIRE / INTERIM ASSIGNMENT ENDED.
 PAY OUT ANNUAL LEAVE HOURS
 SEPARATION OF EMPLOYMENT
 Policy Violations Codes: _____

AUTHORIZING SIGNATURES

Employee Signature / Date _____ Human Resources Director Signature / Date _____ Tribal Council Member's Signature / Date _____
 Supervisor Signature / Date _____ Executive Director Signature / Date _____ Tribal Council Member's Signature / Date _____
 Division Director Signature / Date _____ Deputy Director Signature / Date _____ Tribal Council Member's Signature / Date _____

HR/Personnel Benefits Div/Dept File Employee