



TEMPORARY EMPLOYEE PERSONNEL ACTION FORM (PAF)

Thank you in advance for completing both pages of this form thoroughly. Failure to do so may result in a delay in processing.

Name of Employee: _____

Social Security Number (for new employees only) or SPU ID Number: _____ Date of Birth: _____

Department: _____ Building: _____ Room: _____ Suite: _____ Phone: _____

PERSONNEL ACTION (PLEASE CHECK ALL THAT APPLY):

Initial Appointment (new employee references checked) Yes No

Revised Appointment

Hire to Replace Employee on Leave

NEW Position

Title Change

One Time Payment or Bonus (please explain and complete Compensation Detail, Budget Detail, and Authorization sections only):

Other/Details: _____

Temporary Staff are assigned to fulfill short-term needs of the University, not more than six months. If the duration is longer than six months you will need to contact Jackie Belz in Human Resources at 206-281-2837 or jbelz@spu.edu.

POSITION STATUS (ALL ARE REQUIRED FIELDS - PLEASE COMPLETE EACH SECTION):

FTE _____ Prior FTE (if current employee) _____ Period of Service (start date) _____ to (end date) _____

Job Title: _____

Reports To (Name): _____ (Title): _____

Replaces (name of former employee holding position): _____

Name of Department Head/Dean: _____

Name of Area Vice President: _____

EMPLOYEE CLASSIFICATION (Please COMPLETE INFORMATION FOR YOUR TEMPORARY EMPLOYEE):

TEMPORARY EMPLOYEE:

Full-Time Part-Time

New Temp Extension on Current Temp PAF

Non-Exempt Staff Hourly Rate \$ _____

Exempt Staff Monthly Salary \$ _____

Paycheck options:

Monthly Semi monthly

Important Note Regarding Temporary Employees:

If an end date is not provided in the "Period of Service" field above, the end date will be six months from the date of hire. For information regarding the usual duration of temporary employment, please refer to the temporary employment policy at http://www.spu.edu/depts/hr/staffHandbook/newhandbook/categoriesnew.htm No temporary appointments may continue into the following fiscal year without the submission of a completed PAF for the new fiscal year. The University's fiscal year is July 1 through June 30.

COMPENSATION DETAIL FOR (PLEASE REPEAT EMPLOYEE'S NAME FOR PAGE 2): _____

COMPENSATION DETAIL (not including benefits)

Annual Base Salary \$ _____ (required field)
 Monthly Salary \$ _____ (required field) plus shift differential \$ _____ (if applicable)
 Total Amount to be Encumbered for Current Fiscal Year (July 1st – June 30th) \$ _____ (required field)
 Number of Annual Installments (for subsequent years): 12 11 10
 One-Time Payment/Bonus Amount of \$ _____

BUDGET DETAIL (FUND, ORGANIZATION, ACCOUNT, AMOUNT, AND PERCENTAGE ARE REQUIRED FIELDS. INFORMATION ON ALLOWANCES SHOULD BE INCLUDED ONLY AS APPLICABLE):
 If budget change form is required, is it attached? Yes No

SALARY DRAWN FROM:

Fund	Organization	Account	Amount	Percentage
_____	_____	_____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %
_____	_____	_____	\$ _____	_____ %

ALLOWANCES (housing, auto, food, moving*):

Type of Allowance	Fund	Organization	Account	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

* Vice President for Administration & University Relations Approval _____ (required for moving allowances only)

AUTHORIZATIONS
 (see Hiring & Personnel Action Policies and Procedures www.spu.edu/depts/hr/supervisor/hiring_policies/hiringpoliciesnew.htm):

 Person Completing Form Date

 Department Head/Dean Date

 Vice President Date

 President Date

FINANCE, HUMAN RESOURCES AND PAYROLL USE ONLY:

Position Number: _____ NBAPOSN Budget Verification by _____ on _____ (date)

NBAJOBS entered ZEAEBSE: **Staff** Finance **Faculty** OAA Finance

KA REC REQ EVAL SS **CC** STAT CNG FTE CNG Rehire **MH** FTE CNG (total FTE____)

JB PPAIDEN PEAEMPL FTMACTV NBAPOSN ZEAEBSE PDABENE I-9 W-4

Position confirmation: Signed Offer Letter **OR** Departmental Confirmation **OR** Human Resources on _____ (date)