



REGULAR 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: _____

PERSONNEL ACTION (PLEASE CHECK ALL THAT APPLY):

- Initial Appointment (new employee references checked Yes No)
Revised Appointment
Hire to Replace Employee on Leave
Promotion
Demotion
Reclassification (attach completed classification review)
Title Change
NEW Position (attach required supporting documentation)
One Time Payment or Bonus (please explain and complete Compensation Detail, Budget Detail, and Authorization sections only)
Other/Details:

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): _____

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

Replaces (name of former employee holding position): _____

Name of Department Head/Dean: _____

Name of Area Vice President: _____

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

REGULAR EMPLOYEE:

- Full-Time Part-Time
Non-Exempt Staff.....Salary Range
Exempt Staff.....Salary Range
Faculty:
Rank: Step:
On Tenure Track
Non-Tenure Track
Tenured

Please check the number of months and indicate the dates that the regular employee will normally be employed. Note: So that we may accurately track employment dates, this information is required for all regular full and part time employees -- including faculty -- working other than the standard 12 month fiscal year (July 1st - June 30th). The PAF will be returned if this section is left incomplete.

- 10 months: month/day to month/day
11 months: month/day to month/day
12 months: month/day 07/01 to month/day 06/30
Other: month/day to month/day

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 1– June 30) \$ _____ (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
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

* Assistant to the President's 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____)

RH RA RECLS TC NP **JB** PPAIDEN PEAEMPL FTMACTV NBAPOSN ZEAEBSE PPATELE ZEAEMPL I-9 W-4

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