

NOTE: Download before completing any fields and only use Adobe Reader OR Adobe Acrobat to complete the form.

UNION COLLEGE

PERSONNEL ACTION FORM (PAF)

(Please Print)

ID # 1234567

Name: Grant, Riley J Last, First MI

Effective Date: 07/01/2023

Position: Associate Professor of Astrophysics

Position Grade: N/A

Department & Division: Physics & Astronomy - Division III

Responsibility Center: VPAA

(Check all that apply.)

Full-Time (>=30 hrs/wk) Part-Time (<30 hrs/wk) Temporary (<90 days/yr or Adjunct)

10 Month Position 12 Month Position

Project # Grant Acct # (grant) Object # 8105 Work Arrangement: On-Site Routinely

EMPLOYMENT (Complete all rows within appropriate category) Replacement For:

Table with 3 columns: Hourly, Administrative, Academic. Includes fields for Hourly Rate, Salary, Hours Annually, Hrs./Week, Wks./Year, Beginning Date, Ending Date, Course, and Adjunct checkbox.

PAY/JOB CHANGE (All noted actions must be reviewed by Human Resources and appropriate documentation attached)

Department Transfer From To Title/Grade Change From To Pay/Rate Change From To Hours Change From To

LEAVE OF ABSENCE (Attach personal, supervisory or medical documentation)

Voluntary Involuntary Medical Extension of Leave Last Day Worked Return Date

TERMINATION (Attach letter of resignation for voluntary termination; provide HR with supporting documentation for involuntary termination)

Last Day Worked Reason for Leaving Vacation Due: All Accrued None Voluntary (Minimum 2-week Notice Given) Involuntary (Sufficient Notice Pay: 2 Week (STAFF) 60 days (ADMIN) Other)

APPROVALS/ACKNOWLEDGMENTS

Immediate Supervisor * PRINCIPAL INVESTIGATOR Date Department Head * GRANTS OFFICE Date Responsibility Center Head * VICE PRESIDENT FOR ACADEMIC AFFAIRS/DEAN OF THE FACULTY Date Budget * ASSISTANT CONTROLLER Date Human Resources * HR DELEGATE Date Payroll * PAYROLL DELEGATE Date

*If you are electronically submitting this form, put your electronic signature by marking the box and typing your name above. See reverse for information.

(Instructions on Reverse)

For HR Use: Req #

PERSONNEL ACTION FORM (PAF) INSTRUCTIONS

Personnel Action Forms should originate in the employing department. Please complete all applicable information.

EFFECTIVE DATE: The effective date is the date that begins or ends the action noted.

FULL TIME: Full time is 30 hours or more of *regularly* scheduled work per week. Full time benefit eligible if regularly scheduled to work a minimum of 30 hours per week *and* a minimum of 1,000 hours per year.

PART TIME: Part time is less than 30 hours of *regularly* scheduled work per week. Part time benefit eligible if regularly schedule to work a minimum of 20 hours per week *and* a minimum of 660 hours per year. Employees who work less than 20 hours a week and less than 660 hours per year are *not* benefits eligible.

TEMPORARY: Temporary is employment for no more than 90 days regardless of the hours per week. Adjunct professors also fall under this category.

PROJECT #/OBJECT #: Provide the correct project and object account numbers.

ACTION

EMPLOYMENT

Hourly relates to “staff” employees that are paid a set rate for each hour worked. Administrative relates to employees paid on a salary basis regardless of the number of hours worked. Academic relates to “faculty and Adjunct” position paid on a salary basis regardless of the number of hours worked. Complete all rows within the applicable category.

PAY/JOB CHANGE

Transfers, title changes and pay changes should be reviewed with Human Resources before they become effective. Shift differential hours apply only to regular hourly paid staff who begin work after 3:00 p.m. Shift differential pay is the regular base pay plus \$.25 for the 3pm-11pm shift or \$1.00 for the 11pm-7am shift.

LEAVE OF ABSENCE

All leave of absence requests must be supported by written documentation and follow the appropriate Union College policy.

TERMINATION

All terminations must be supported by written documentation. No employee should be involuntarily terminated prior to reviewing the matter with Human Resources.

Sufficient Notice Pay: For involuntary terminations please indicate amount of sufficient notice pay required.

APPROVALS/ACKNOWLEDGMENTS

The Department Head and Responsibility Center Head must sign the PAF before it is forwarded to Human Resources. Human Resources will review the PAF and make corrections prior to forwarding for Budget approval and Payroll processing.

**** ELECTRONIC SIGNATURE***

By typing your name on the signature line and checking the box next to signature on the form, you are hereby consenting and accepting this to constitute your signature, acceptance and agreement as if it was actually signed by you in writing. Please note that it has the same force and effect as a signature affixed by hand.

When submitted to payroll, a copy of the PAF will be returned to you as verification that the action has been implemented.