

EMPLOYEE - PERSONNEL ACTION FORM (PAF)

CHANGE
REINSTATEMENT

Date Submitted: _____
Effective Date of Change: _____

REQUESTED BY: _____
CONTACT # _____

SECTION I

EMPLOYEE INFORMATION:

Emp #: _____ Hire Date: _____ First Day of Work: _____
 End Date: _____ (if position is short term)
 Employee Name: _____
 Last First M. I.
 Employee Contact Info: Email: _____ Home/Cell Phone: _____

SECTION II

CURRENT STATUS

Department: _____ Primary Location: _____
 Primary Job Title: _____
 Full or Part Time: _____ Perm or Temp: _____ # of Hours/Week: _____
 Add'l Duties/Stipend: _____ Amt.: _____ Frequency: _____ Retirement (Y / N): _____
 Add'l Duties/Stipend: _____ Amt.: _____ Frequency: _____ Retirement (Y / N): _____

SECTION III

CHANGE IN EMPLOYMENT STATUS

Reason for Change

Resignation (attach letter of resignation) Effective: _____

Retirement (attach letter of retirement) Effective: _____

Termination Effective: _____

Change in # of Hrs/Wk From: _____ To: _____ (excluding half-hour unpaid lunch)

Change in Full Time Equivalent (FTE) From: _____ To: _____

Change in Wage / Salary From: _____ / HOUR (4 digits) To: _____ / HOUR (4 digits)
 From: _____ ANNUALLY To: _____ ANNUALLY

Step Increase From: Level: _____ Grade: _____ To: Level: _____ Grade: _____

Paid Leave of Absense From: _____ To: _____

Unpaid Leave of Absense From: _____ To: _____

Other Reason for Change: _____

SECTION IV

NEW EMPLOYMENT STATUS

Full Time works 37.5 to 40 hrs

Part Time works between 20 to 37 hrs

Intermittent (P/T) works less than 20 hrs per wk or 1000 hrs/yr

Temporary works less than 6mos or 1000 hrs/yr

Seasonal works less than 3mos or 90 days/yr; not to exceed 1000 hrs/yr

Classification:

Non-Union Employee (Personnel Policies)

Union: _____

Employment Contract

SECTION V

PROBATION PERIOD & FUNDING

Probationary Period: Yes No Dates: From: _____ To: _____

Is funding currently available: Yes No

Account Name-MUNIS: _____ Account #: _____

Account-IVEE (School): _____ Account #: _____

SECTION VI

ADDITIONAL NOTES:

REQUIRED SIGNATURES:

Department Head: _____ Date: _____
 Employee: _____ Date: _____
 Personnel / Town Admin / School Supt: _____ Date: _____
 Availability of funds Town Accountant: _____ Date: _____

SCHOOL DEPARTMENT USE:

For all other New Positions

Additional Position #1	Position: _____ <i>Please be specific</i>	
	Union Position: Yes <input type="checkbox"/> No <input type="checkbox"/>	Retirement Eligible: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Hourly Rate: _____ <i>Rounded to 4-digits</i>	Total Pairs Hours per week: <input type="text"/> <i>excluding half-hour unpaid lunch</i>
	Per Diem Rate _____	Grid Placement: Level <input type="text"/> Grade <input type="text"/>
	Schedule: Sunday Monday Tuesday Wednesday Thursday Friday Saturday	
	Account Name-MUNIS: _____	Account #: _____
	Account-IVEE (School): _____	Account #: _____
Additional Position #2	Position: _____ <i>Please be specific</i>	
	Union Position: Yes <input type="checkbox"/> No <input type="checkbox"/>	Retirement Eligible: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Hourly Rate: _____ <i>Rounded to 4-digits</i>	Total Pairs Hours per week: <input type="text"/> <i>excluding half-hour unpaid lunch</i>
	Per Diem Rate _____	Grid Placement: Level <input type="text"/> Grade <input type="text"/>
	Schedule: Sunday Monday Tuesday Wednesday Thursday Friday Saturday	
	Account Name-MUNIS: _____	Account #: _____
	Account-IVEE (School): _____	Account #: _____
COMMENTS	_____	

For Central Office Use Only	EARNING BENEFITS THROUGH POLICY GEEM	
	Retirement <input type="checkbox"/> MTRS <input type="checkbox"/> ERRS <input type="checkbox"/> OBRA <input type="checkbox"/> P/E Phys	Benefits Health Insurance Yes <input type="checkbox"/> No <input type="checkbox"/> # of Sick Days: _____ # of CC Days: _____ # of BRV Days: _____ # of Vaca Days: _____