

CLARK ATLANTA UNIVERSITY Personnel Action Form (PAF)

**The Personnel Action Form is to be used to authorize and obtain approval for an employee transaction.
Please ONLY complete the sections affecting the status change.**

SECTION (A) TYPE OF TRANSACTION

New Hire * _____ Rehire _____ Leave of Absence _____ Return from Leave of Absence _____ Promotion _____
Demotion _____ Salary Adjustment _____ Transfer _____ Reclassification _____ *Requisition # _____

SECTION (B) IDENTIFICATION INFORMATION

Employee ID#:	Date of Birth:	Last Name:	First Name:	MI		
Address:		City:	State	Zip Code	County	Home Telephone
Job Title			Department			
Ethnic Background: _____ Black/African American _____ White _____ Hispanic _____ Asian _____ Other (Specify) _____		Handicapped: _____ Yes _____ No If yes, please specify _____				
Name of Project (No Abbreviations please)		Reports to		Manager's/Supervisor's Extension Number		

SECTION (C) CONDITION OF EMPLOYMENT

<input type="checkbox"/> Initial Appointment <input type="checkbox"/> Re-Appointment <input type="checkbox"/> Separation <input type="checkbox"/> Replacement for _____ <input type="checkbox"/> Other (Specify) _____ (Example: Endowed Chairs, Special Grants, etc.)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Adjunct <input type="checkbox"/> Course Overload
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SECTION (D) SALARY AND BUDGET FUNDING SOURCE

Proposed Start Date _____ End Date _____ Initial Date of Hire _____

Recommended Salary \$ _____ Approved Salary \$ _____ If Biweekly, Hourly rate \$ _____ Other Pay (Explain) _____

Salary Payment Schedule:

<input type="checkbox"/> F/T 12 months – Salary paid over 12 months	<input type="checkbox"/> Summer
<input type="checkbox"/> F/T 9 months – Salary paid over 12 months	<input type="checkbox"/> Bi-weekly
<input type="checkbox"/> F/T 9 months – Salary paid over 9 months	<input type="checkbox"/> Other (_____) months, Salary Paid over (_____) months
<input type="checkbox"/> F/T 10 months – Salary paid over 10 months	

INDEX	FUND	ORG	ACCOUNT CODE	PROGRAM CODE	ACTIVITY CODE	MONTHLY AMOUNT	
TOTAL							

SECTION (E) OCCUPATIONAL CATEGORY

<input type="checkbox"/> 01-Executive./Admin/Managerial	<input type="checkbox"/> 05-Technical/Paraprofessional	<input type="checkbox"/> 09-Other (Specify)
<input type="checkbox"/> 02-Faculty	<input type="checkbox"/> 06-Skilled Craft	
<input type="checkbox"/> 03-Professional/Non-Faculty	<input type="checkbox"/> 07-Service/Maintenance	<input type="checkbox"/> <i>Exempt</i>
<input type="checkbox"/> 04-Secretarial/Clerical	<input type="checkbox"/> 08-Teaching/Research/Graduate Assistant	<input type="checkbox"/> <i>Non-Exempt</i>

***Signature required before forwarding to the Human Resources Department**

Principal Investigator(s)/Program Director(s)*	DATE	Chair*	DATE
Provost* (as needed)	DATE	School Dean/Unit Head*	DATE
VP, Research & Sponsored Programs* (restricted accts. only)	DATE	Budget and/or Grants & Contracts*	DATE
VP, Finance & Business Services	DATE	Director of Human Resources	DATE