



Campus Activities Office
Shuster Hall, Room 078
Phone: 718-960-8123

Personnel Action Form (PAF) REVISED

Corporation Name: _____

Please select Action Type:

New Appointment:	<input type="checkbox"/>	Reappointment:	<input type="checkbox"/>
Resignation	<input type="checkbox"/>	Termination	<input type="checkbox"/>
Revision/Other	<input type="checkbox"/>	Reason for Revision/Other:	_____

Duration of Appointment: _____ *Duration must not exceed one fiscal year.*
 Start Date: End Date:

Applicant Information:

Name: _____ EMPLID /last 4 digits of SS# _____

Address: _____

Telephone Number: _____ Email: _____

Division: _____ Department: _____

Position: _____

Hourly Rate: Total Hours: Total Cost: Budget:

Departmental Approvers:

Supervisor Name: _____ Signature: _____ Date:

*Alternate Timesheet Approver _____ Signature: _____ Date:

**Alternate timesheet supervisor is responsible for signing the timesheets in the absence of the supervisor.*

VP/Division Head/Dean _____ Signature: _____ Date:

New hire packets (including tax forms) and all PAF revisions should be fully completed and delivered to the office of Campus Activities. Failure to do so will prevent delay in the processing of the required actions.

*******Office of Campus Activities ONLY *******

Budget Reviewer Signature: _____ Date:

Payroll Processor Signature: _____ Date:

Date Entered in ADP: Initials: