



PERSONNEL ACTION FORM (PAF)

Employee Information (Section A)
 New Hire (Section B)
 Salary/Wage/ Position Change (Section C)

Status Change (Section D)
 Termination of Employment (Section E)

REV 01/2014

SECTION A: EMPLOYEE INFORMATION *(New Employees and Personal Changes for Existing Employees)*

Last Name: _____ First Name: _____ MI: _____

Address: _____ City/State/Zip: _____

Job Title: _____ Department: _____ Employee #: _____

Phone: _____ DOB: _____ Gender: _____ Marital Status: _____
(Assigned by HR)

Race: Caucasian / White
 African American
 Hispanic
 American Indian
 Asian
 Other: _____

Female Male Married Single

Employee Signature: _____ Date: _____ *(Employee Signature Required ONLY for Personal Changes)*

SECTION B: NEW HIRE INFORMATION *(New Employees)*

ADD TO APPROVED DRIVER LIST? YES NO

Job Title: _____ Department: _____

Status: Full Time Part Time Temporary w/ End Date: _____

Cost Center Assigned: _____ TJPC Certification Date: _____

Wage: _____ Per Hour Bi-weekly

EFFECTIVE DATE: _____

District Attorney Only:	
<input type="checkbox"/> Hot Check:	_____
<input type="checkbox"/> General:	_____
<input type="checkbox"/> Forfeiture:	_____
<input type="checkbox"/> State Supp:	_____

SECTION C: SALARY/ WAGE/ POSITION CHANGE *(Existing Employees)*

Reason for Change: Position Change Promotion Annual Evaluation / Increase Other: _____

Step Increase: 6 month 12 month 18 month 24 month 30 month

EFFECTIVE DATE: _____

Current Department: _____	New Dept: _____
Current Job Title: _____	New Job Title: _____
Current Cost Center (if applicable): _____	New Cost Center (if applicable): _____
Current Salary: _____ <input type="checkbox"/> Per Hour <input type="checkbox"/> Bi-weekly	New Salary: _____ <input type="checkbox"/> Per Hour <input type="checkbox"/> Bi-weekly

SECTION D: STATUS CHANGE *(Existing Employees)*

Current Status: Full Time Part Time Temporary FMLA

New Status: Full Time Part Time Temporary FMLA

NOTE: IF WAGES CHANGE, ALSO COMPLETE SECTION C ABOVE

EFFECTIVE DATE: _____

SECTION E: TERMINATION OF EMPLOYMENT

Involuntary Discharge Voluntary Discharge

LIST TERMINATION ACTION CODE: _____ LAST DATE OF EMPLOYMENT: _____
(See list on reverse)

PERSONNEL ACTION APPROVAL:

ADDITIONAL INSTRUCTIONS:

_____ _____

DEPARTMENT DIRECTOR / SUPERVISOR SIGNATURE DATE

TERMINATION ACTION CODES

Voluntary Quit	Code	Miscellaneous	Code	Discharge	Code
Did not return no reason given	100	Family Medical Leave of Absence	9300	Reported to work under influence	3100
No notice given	200	On authorized vacation (with pay)	6500	Using intoxicants on the job	3200
No reason given	300	On authorized vacation (no pay)	6510	Intoxicated on the job	3300
Other - must provide details	400	Transfer	199	Excessive tardiness	3700
Mutual agreement - (NO PROTEST)	410	Disciplinary Action - Layoff	6900	Failure to report an intended absence	3800
Mutual agreement (PROTEST)	420	Disciplinary action - Suspension	6910	Left work area without permission	3900
Accepted job, but failed to report	800	Disciplinary action - Warning	6920	Excessive absenteeism	4000
Not available for work	700	On a leave of absence	7200	Excessive unreported absenteeism	4100
Failed to return from a leave of absence	800	Medical leave of absence	7210	Absenteeism and tardiness	4200
Refused an offer of work, considered to quit as result	900	Maternity leave of absence	7220	Fighting on company property	4300
Failed to return/refused recall from lay off	910	Educational leave of absence	7230	Refusal to perform job duties	4400
Quit in anticipation of lay off	920	Military leave of absence	7240	Misuse of equipment	4500
Refused a transfer	930	Personal leave of absence	7250	Destruction of company property	4600
Retired work was available	1000	Jury duty - leave of absence	7260	Violation of company	4800
Retired (receiving pension)	1010	Claimant requested reduction in hours	7500	Policy - Rudeness to a customer	4810
Retired (without pension)	1020	Lack of work - sale of business or location	7845	Disclosure of proprietary information	4820
Retired due to disability (work related)	1030	Regular part time - still working	7800	Policy - Fabrication of information	4840
Retired due to disability (not work related)	1040	Regular full time - still working	7810	Policy - giving away food or beverage	4850
3 days unreported absences	1100	Part-time employee - works all available hours	7820	Failed substance abuse screening	4860
5 days of unreported absences	1101	Job offer made	7900	Misuse of company credit card	4870
Accepted more remunerative employment	1200	Returned to work	8000	Insubordination	4900
Accepted other employment	1400	Returned to work after period permanent separation	8001	Sleeping on the job	5000
Started own business	1410	Newly hired employee	8099	Unsatisfactory work performance	5100
To join military	1420	Refused job offer	8100	Misconduct related work performance	5110
Relocate - Leave the area	1500	Deceased	8500	Unsatisfactory probationary period	5120
To relocate with a spouse	1510	Separated due to prison release program	8510	No misconduct. Unsatisfactory performance - (NOT PROTESTABLE)	5150
Personal reasons	1600	Volunteer Emergency Firefighter	8513	Other (must provide details)	5200
Personal reasons (marriage)	1610	Elected Official	8518	Unauthorized removal of company property	5300
Personal reasons (domestic obligation)	1820	Unavailable for work (details required)	8600	Larceny - Under 125	5310
Personal reasons (conflict with school hours)	1830	No record of employee	9000	Violation of safety rules	5400
Personal reasons (other job conflict)	1640	Employer request Do not contest benefit	9100	Excessive cash discrepancies	5500
Transportation problem	1700	Records not available (not protestable)	9300	Personality conflict	5600
Child care problems	1800	Probationary employee	9700	Improper conduct	5700
Health reasons	1900	On worker's compensation	9800	Fabrication	5800
Due to health of a family member	1901	Lack of Work		Failed to report	5900
Due to personal health reasons	1902	Receiving Receiving holiday and/or vacation pay	7000	Due to medical reasons	6400
Maternity reasons	2000	Receiving severance pay	7001	Mandatory retirement	7400
Dissatisfied	2100	Lack of work	7600	Retirement	
Dissatisfied with work hours	2110	Temporary lack of work	7610	Voluntary retirement	1000
Dissatisfied with salary	2120	Due to weather conditions	7615	Voluntary retirement with pension - provide amounts if available	1010
Dissatisfied with working conditions	2130	Position eliminated	7620	Voluntary retirement with no pension	1020
Dissatisfied with performance appraisal	2140	Seasonal employment	7630	Retired due to a job-related disability	1030
Dissatisfied with fringe benefits	2150	Location closed	7640	Retired due to a disability unrelated to the job	1040
Dissatisfied with career opportunities	2160	Permanent lack of work	7650	Leave of Absence	
Dissatisfied with company policies	2170	Has reasonable assurance to return	7670	Family and Medical Leave Act of 1993	6300
Dissatisfied with co-workers	2180	Claimant requested voluntary lay off	7685	Leave of Absence - provide a return date in the Comment field.	7200
Dissatisfied with supervisor	2190	Due to natural disaster	7680	Military Leave	7300
Walked off the job	2200	Due to National tragedy	7691		
To stay at home	2300	Works all available hours	7700		
To attend school	2500	Assignment completed, no work available	8700		
Medical reasons	2600				
Medical disabilities	2700				