



Human Resources Personnel Action Form

Form: PAF Created: Aug2013
Revised: 08/12/2025
HR Drive/Forms

Today's Date:		Activity Start Date:		Activity End Date:	
Action Request:			Position Type:		
Personnel Information: *Required for employee actions					
*Employee Name:		*Banner ID:	Social Security:	DOB:	Gender:
Address:			Phone #:	Ethnicity:	Highest Degree:
*Email Address:		Work Phone #:	Citizenship:		Degree/s Field:
Emergency Contact Name:		Emergency Contact Phone #:		Union Eligible: Yes ☐ No ☐	
Job Posting or New Hire Position Information					
Job Posting Request: Internal ☐ External ☐ Both ☐ Attach job description			Previous Incumbent Name (if applicable):		
Salary Range: From:		To:	Indicate where to advertise:		
Hiring Manager:		Faculty: Non-Tenure Track ☐ Tenure Track ☐			
New Position ☐ Vacant Position ☐					
Full Time ☐ Part Time ☐ Other ☐		Non-FLSA Covered (Salaried Position) ☐		FLSA Covered (Time Sheets Required) ☐	
Time Entry Required ☐					
Job Title:			Position Number:		
Department Name:			Reporting Official:		
Campus Location: Remote ☐ Espanola ☐ El Rito ☐			Office Phone:		
Funding Source: I&G ☐ Grant ☐ Other ☐			Contract Term:		
Grant ProgramName:			Staff: 12 mos ☐ Other ☐		
GrantExpirationDate:			Faculty: 9 mos ☐ 10 mos ☐ 11 mos ☐ 12 mos ☐		
Work tag (Cost Center/Fund/Exhibit): Grant number (if applicable)			FTE:	Amount:	
Work tag (Cost Center/Fund/Exhibit): Grant number (if applicable)			FTE:	Amount:	
			(Must Equal Contract Amount)		Total:
Notes:					
Compensation Information					
Start Date:		Total Hours Authorized:		Pro-rated Amount:	
End Date:		Weekly Hours Authorized:		Annual Amount:	
		Hourly Rate: (if applicable)		Stipend:	
Pay Type:				Total Contract:	
Budget Signature:		Date:		Executive Signature:	
Employee Signature:		Date:			
Supervisor Signature:		Date:			
Send all Personnel Action forms to humanresources@nnmc.edu . Incomplete forms will be sent back.					
Route all signatures via Adobe Sign					