



Human Resources Personnel Action Form

Form: PAF Created: Aug2013
Revised: 07/24/2024
HR Drive/Forms

Today's Date:	Proposed Effective Date:	Effective Date:
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Action Request:	Position Type:
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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:
				Union Eligible: Yes <input type="checkbox"/> No <input type="checkbox"/>

Job Posting or New Hire Position Information

Job Posting Request: Internal <input type="checkbox"/> External <input type="checkbox"/> Both <input type="checkbox"/> <small>Attach job description</small>	Previous Incumbent Name <small>(if applicable):</small>
Salary Range: From: _____ To: _____	Indicate where to advertise:
Hiring Manager: _____	Faculty: Non-Tenure Track <input type="checkbox"/> Tenure Track <input type="checkbox"/>
New Position <input type="checkbox"/> Vacant Position <input type="checkbox"/>	
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other <input type="checkbox"/>	Non-FLSA Covered (Salaried Position) <input type="radio"/> FLSA Covered (Time Sheets Required) <input type="radio"/>
	<input type="checkbox"/> Time Entry Required

Job Title: _____	Position Number: _____
Department Name: _____	Reporting Official: _____
Campus Location: Remote <input type="checkbox"/> Espanola <input type="checkbox"/> El Rito <input type="checkbox"/>	Office Phone: _____
Funding Source: I&G <input type="checkbox"/> Grant <input type="checkbox"/> Other <input type="checkbox"/>	Contract Term:
Grant ProgramName: _____	Staff: 12 mos <input type="checkbox"/> Other <input type="checkbox"/>
GrantExpirationDate: _____	Faculty: 9 mos <input type="checkbox"/> 10 mos <input type="checkbox"/> 11 mos <input type="checkbox"/> 12 mos <input type="checkbox"/>
Work tag (Cost Center/Fund/Exhibit): _____ Grant number (if applicable) _____	FTE: _____ Amount: _____
Work tag (Cost Center/Fund/Exhibit): _____ Grant number (if applicable) _____	FTE: _____ Amount: _____
<i>(Must Equal Contract Amount)</i>	
	Total: _____

Notes:

Compensation Information

Start Date:	Total Hours Authorized:	Pro-rated Amount:	
End Date:	Weekly Hours Authorized:	Annual Amount:	
	Hourly Rate: <i>(if applicable)</i>	Stipend:	
Pay Type:		Total Contract:	

Budget Check:	Date:	Executive
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Employee Signature:	Date:
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Supervisor Signature:	Date:
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Send all Personnel Action forms to humanresources@nsmc.edu