



New Mexico State University Human Resource Services Personnel Action Form (PAF)

ROUTING

Click Here to submit PAF. Copy text below into PAF Submission Form.

Section: 1 **REQUESTOR INFORMATION**

Requestor Name: _____ Email: _____ Phone: _____ PAF Code: _____

Section: 2 **EMPLOYEE INFORMATION**

Employee ID: _____ Employee Name (Last, First MI): _____

Position#: _____ Suffix: _____ ECLS: _____ Org: _____

Section: 3 **STATUS CHANGE (Do not complete Section 4)**

Term of Employment

Last Day: _____ Term Code: _____ Term Reason: _____

Leave of Absence

Leave Status: _____ Leave Type: _____

Effective Date (Actual Start or Return Date): _____ Expected Return Date: _____

Section: 4 **JOB CHANGE INFORMATION (Only complete fields to be changed)**

Effective Date: _____ **Change Code:** _____

Job Start Date: _____

Job Stop Date: _____

Title: _____

FTE: _____

Default Shift: Day Swing Graveyard

Differential Amount: _____

Salary/Hourly Rate: _____

Department Org#: _____

Reports to Position#: _____

Time Sheet Org: _____

Section: 5 **REASON FOR CHANGE/COMMENTS**

Section: 6 (Must be completed) **APPROVAL**

Required for Faculty: Dept Head/Dir, VP/Dean/CC President and HR Services • Required for Staff/Students: VP/Dean/CC President and HR Services

Dept Head/Dir (optional): Authority Designee _____ Print _____ Date _____

VP/Dean/CC President: Authority Designee _____ Print _____ Date _____

HR Services _____ Print _____ Date _____

Internal Use Only

_____ Data _____ Payroll _____ Pay Event _____ Adjustment _____ Budget _____