



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

ROUTING

To: teamHRS@nmsu.edu  
 Subject Line: PAF Last Name, First Name, Aggie ID  
 Email Body: List of PAFs Submitted (Last Name, First Name & Aggie ID)

**Section: 1** **EMPLOYEE INFORMATION**

Employee ID: \_\_\_\_\_ Employee Name (Last, First, MI): \_\_\_\_\_  
 Position#: \_\_\_\_\_ Suffix: \_\_\_\_\_ ECLS: \_\_\_\_\_ Org: \_\_\_\_\_

**Section: 2** **STATUS CHANGE (Do not complete Section 3)**

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

**Effective Date:** \_\_\_\_\_ **Change Code:** \_\_\_\_\_

Job Start Date: \_\_\_\_\_ Differential Amount: \_\_\_\_\_

Job Stop Date: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Title: \_\_\_\_\_ Department Org#: \_\_\_\_\_

FTE: \_\_\_\_\_ Reports to Position#: \_\_\_\_\_

Default Shift:  Day  Swing  Graveyard Time Sheet Org: \_\_\_\_\_

**Section: 4** **REASON FOR CHANGE/COMMENTS**

**Section: 5** **REQUESTOR INFORMATION**

Requestor Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**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 \_\_\_\_\_