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

ROUTING
Submit a Team Dynamix Ticket.
Copy text below to name form & use as Title on Ticket
_____Select One_Select One

Section: 1 EMPLOYEE INFORMATION

PAF Code: Select One Employee ID:

Last Name: First Name: Middle Initial:

Position#: _____ Suffix: _____ ECLS: _____ Org: Select One

Section: 2 STATUS CHANGE (Do not complete Section 4)

Term of Employment

Last Day: _____ Term Code: Select One Term Reason: Select One

Leave of Absence

Leave Status: Select One Leave Type: Select One

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:** Select One

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: 4 REASON FOR CHANGE/COMMENTS

Section: 5 (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

Reset Form Print Form

Rev 9.2.25