



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: _____ Job Stop Date: _____ Title: _____ FTE: _____ Default Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard	Differential Amount: _____ Salary/Hourly Rate: _____ Department Org#: _____ Reports to Position#: _____ Time Sheet Org: _____
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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):	<input type="checkbox"/> Authority <input type="checkbox"/> Designee	Print _____	Date _____
VP/Dean/CC President:	<input type="checkbox"/> Authority <input type="checkbox"/> Designee	Print _____	Date _____
HR Services		Print _____	Date _____

Internal Use Only

_____ Data _____ Payroll _____ Pay Event _____ Adjustment _____ Budget