SPSCC Personnel Action Form (PAF)

Please complete the form electronically and print for signatures.

All start dates are required to be on the 1st or 16th of the month—no exceptions

Forms submitted with missing information will be considered incomplete and returned for correction.

Choose one of the following:		Full Name:			CTClink ID:		
New Employee to SPSCC Return to Employment at SPSCC Current Employee at SPSCC					-If Applicable-		
		Email:			Phone Number:		
Please Choose from the following:		Start Date:			End Date: -If Applicable-		
Classified PT Hourly-Permanent		Job Title:	<u> </u>	,, т.рреаг.е			
Classified PT Hourly-Temporary		Department:					
Community College Classified FT o Classified FT Permanent/Temp		Supervisor:			CTClink ID:		
Exempt Executive • Vice President		Salary/hourly/Stipend, Etc: -Write What is Applicable to Position-					
Exempt Managerial O Dean		Classified Range and Step: -If Applicable-					
Exempt Professional/Technical o Director/Manager/Exempt Staff		Position Number: -If Applicable-			Percent of FTE: -If Applicable-		
Exempt Support Staff o Executive Assistant		Quarters	: -Check all th				
Exempt Temporary			Fall	Winter	Spring	Summer	
Faculty Permanent FT Faculty		Budget Codes/Chart String:					
Permanent PT Faculty		Fund	Class	Dept.	Combo	Combo Code:	
Temporary FT Faculty		Fund	Class	Dept.	Combo Code:		
Temporary PT -Adjunct		Fund	Class	Dept.		o Code:	
		Fund	Class	Dept.	Combo	o Code:	
Higher Education Other		Grants: Project: Activ		vity: PRG:			
 Stipend Coach Assistant Coach □ Student Employment Trustees		Notes/Ju	stification:				
Supervisor		•			Date		
Instruction Budget Office					Date		
Admin Budget Office					Date		
Vice President					Date		
President					Date		
Executive HR Director					Date		
Human Resources Processing Initials & Date:							