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 Appli	cable-	
		Email:			Phone	Phone Number:	
Please Choose from the following:						End Date: -If Applicable-	
Classified PT Hourly-Permanent		Job Title:					
Classified PT Hourly-Temporary		Department:					
Community College Classified FT o Classified FT Permanent/Temp		Supervisor:			CTClink ID:		
Exempt Executive O Vice President		Salary/hourly/Stipend, Etc: -Write What is Applicable to Position-					
Exempt Managerial		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		Quarters:	-Check all the	at apply-			
Exempt Temporary			Fall	Winter	Spri	ng Summer	
Faculty Permanent FT Faculty		Budget Codes/Chart String:					
Permanent PT Faculty		Fund	Approp.	Class	Dept.	Combo Cd:	
Temporary FT Faculty		Fund	Approp.	Class	Dept.	Combo Cd:	
Temporary PT -Adjunct		Fund Fund	Approp. Approp.	Class Class	Dept.	Combo Cd: Combo Cd:	
Higher Education Other			Project:	Activity:	Dept.	PRG:	
 Volunteer 		Grants: Project: Activity:				-	
 Stipend Coach Assistant Coach Student Employment 		Notes/Jus	tification:				
Trustees Supervisor/Dean						Date	
Instruction Budget Office						Date	
Admin Budget Office						Date	
Vice President						Date	
President						Date	
Executive HR Director						Date	
Human Resources Processing	g Initials & Date:				•		