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:
 	
New Employee to SPSCC
Return to Employment at SPSCC
Current Employee at SPSCC
 	
Please Choose from the following:
 	
Classified PT Hourly-Permanent
 	
Classified PT Hourly-Temporary
 	
Community College Classified FT
  o *Classified FT Permanent/Temp*
 	
Exempt Executive
  o *Vice President*
 	
Exempt Managerial
  o Dean
 	
Exempt Professional/Technical
  o *Director/Manager/Exempt Staff*
 	
Exempt Support Staff
  o *Executive Assistant*
 	
Exempt Temporary
 	
Faculty **Permanent** FT Faculty
 	
Permanent PT Faculty
 	
Temporary FT Faculty
 	
Temporary PT -Adjunct
 	
Higher Education Other
 	
  o *Volunteer*
  o *Stipend*
  o *Coach*
  o *Assistant Coach*
☐ Student Employment
 	
Trustees
	Full Name: **CTClink ID:** *-If Applicable-*
	
	Email: **Phone Number:**
	
	Start Date: **End Date:** *-If Applicable-*
	
	Job Title:
	
	Department:
	
	Supervisor: **CTClink ID:**
	
	Salary/hourly/Stipend, Etc: *-Write What is Applicable to Position-*
	
	Classified Range and Step: *-If Applicable-*
	
	Position Number: *-If Applicable-* **Percent of FTE:** *-If Applicable-*
	
	Quarters: *-Check all that apply-*
	     Fall Winter Spring Summer
	
	Budget Codes/Chart String:

Budget Codes/Chart String:

Fund	Approp.	Class	Dept.	Combo Cd:
Fund	Approp.	Class	Dept.	Combo Cd:
Fund	Approp.	Class	Dept.	Combo Cd:
Fund	Approp.	Class	Dept.	Combo Cd:

==Grants:==   Project: Activity: PRG:

Notes/Justification:

Supervisor/Dean		**Date**
Instruction Budget Office		**Date**
Admin Budget Office		**Date**
Vice President		**Date**
President		**Date**
Executive HR Director		**Date**
Human Resources Processing Initials & Date:		