

PERSONNEL ACTION FORM

X B1	LAST NAME	FIRST NAME	MI	NAME PREFIX	RESPONSIBLE ACCOUNT NAME
X B2	HOME ADDRESS				RESPONSIBLE ACCOUNT ADDRESS
X B3	CITY	STATE	ZIP	COUNTRY	CITY STATE ZIP
A1	ID NUMBER	EFFECTIVE DATE MO DAY YR	ACTIONS		SOCIAL SECURITY NO. EMP CAT. RESPONSIBLE ACCOUNT NUMBER

PAF AGREED CHECK THAT THIS APPL.	<input type="checkbox"/> 01 INITIAL/RE-EMPLOYMENT	<input type="checkbox"/> 02 DISTRIBUTION CHANGE	<input type="checkbox"/> 03 † SALARY CHANGE	<input type="checkbox"/> 04 APPOINTMENT ADDITION	<input type="checkbox"/> 05 APPOINTMENT DELETION	<input type="checkbox"/> 06 † PROMOTION	<input type="checkbox"/> 07 † DEMOTION	<input type="checkbox"/> 1 STUDENT (UT)	<input type="checkbox"/> 2 FACULTY	<input type="checkbox"/> 3 OTHER ACADEM
	<input type="checkbox"/> 08 TRANSFER	<input type="checkbox"/> 09 † JOB CLASS CHANGE	<input type="checkbox"/> 10 LEAVE OF ABS W/P	<input type="checkbox"/> 11 LEAVE OF ABS NO PAY	<input type="checkbox"/> 12 RETURN FROM LOA	<input type="checkbox"/> 13 EMPLOYMENT TERMINATION	<input type="checkbox"/> 14 † PAF DATA CHANGE	<input type="checkbox"/> 4 STAFF NON EXEMPT	<input type="checkbox"/> 5 STAFF EXEMPT	

† THESE ACTIONS REQUIRE AN EXPLANATION

INCOME	PRIOR	HOURLY \$ _____	ANNUAL \$ _____	NEW	HOURLY \$ _____	ANNUAL \$ _____
		MONTHLY \$ _____			MONTHLY \$ _____	
INITIAL/RE-EMPLOYMENT ONLY	IS THE EMPLOYEE RETIRED?		CURRENTLY RECEIVING RETIREMENT BENEFITS FROM STATE OF TENNESSEE?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
	RETIRED FROM		CHECK HERE IF EVER EMPLOYED BY:		CAMPUS/DEPARTMENT APPROXIMATE DATE LAST WORKED	
	<input type="checkbox"/> U.T. <input type="checkbox"/> STATE OF TENN. <input type="checkbox"/> OTHER		<input type="checkbox"/> U.T. <input type="checkbox"/> STATE OF TENN.			

PERSONAL DATA					
X B4	DATE OF BIRTH MO DAY YR	BIRTHPLACE-STATE	BIRTHPLACE-COUNTRY	SEX	MARRIED OR SINGLE
				<input checked="" type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE	<input type="checkbox"/> 1 M <input type="checkbox"/> 2
	RACE		TYPE OF VISA		VISA EXPIRES MO. YR
	<input checked="" type="checkbox"/> 1 CAUCASIAN <input type="checkbox"/> 2 AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> 3 BLACK <input type="checkbox"/> 4 HISPANIC <input type="checkbox"/> 5 ASIAN OR PACIFIC ISLANDER				
	U.S. CITIZEN				
	<input checked="" type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO				

B5	TENURE STATUS	<input type="checkbox"/> 1 TENURED <input type="checkbox"/> 2 ON TENURE TRACK <input type="checkbox"/> 3 NOT ON TENURE TRACK <input type="checkbox"/> 4 INELIGIBLE FOR TENURE	
	TENURE REVIEW DATE MO DAY YR	TENURE DATE MO DAY YR	TENURE MAJOR ORGANIZATION UNIT
			TENURE COLLEGE / SCHOOL / DIVISION
	TENURE DEPARTMENT	HIGHEST EDUCATIONAL LEVEL	HIGHEST DEGREE EARNED

EMPLOYMENT DATA					
B6	PRIMARY JOB CLASSIFICATION	TITLE	EMPLOYEE DESIGNATION REGULAR/TERM/STUDENT	% FULL TIME	
			<input type="checkbox"/> R <input type="checkbox"/> T <input type="checkbox"/> S		
	WAGE AND HOUR STATUS	EEO CATEGORY	FLEX YEAR %	ANNUAL LEAVE RATE IN DAYS PER YEAR	
	HEADQUARTERS COUNTY	EXTENSION AREA OF RESPONSIBILITY (AG ONLY):		CREDITABLE PRIOR ANNUAL LEAVE HOURS	CREDITABLE PRIOR SICK LEAVE HOURS
	EMPLOYMENT STATUS	ORIGINAL U.T. EMPLOYMENT DATE MO DAY YR	CURRENT EMPLOYMENT DATE MO DAY YR	REGULAR CONTINUOUS SERVICE DATE	
	LEAVE START DATE MO DAY YR	EXPECTED RETURN MO DAY YR	LEAVE OF ABSENCE REASON	CONSTRUCTED ANNUAL LEAVE DATE	CONSTRUCTED LONGEVITY DATE
	TERMINATION DATE MO DAY YR	REASON FOR TERMINATION		UNUSED ANNUAL LEAVE HRS	UNUSED SICK LEAVE HOURS