

## **Personnel Action Form**

Employee Information:       Department Information:         Name:       Home Department:         ID:       Home Department:         Job Record#:       Department Information:         SSN:       Initiator:         Status:       Initiator:         Hire Date:       Initiator:         Obscription       New - Distribution Information         Center       Job Code         Percent       Center         Job Code       Initiator:         Initiator:       Job Code         Initiator:       Initiator:	Percent
ID:       PAF Responsible:         Job Record#:       Location:         SSN:       Status:         Hire Date:       Initiator:       Phone:         Current - Distribution Information       New - Distribution Information	Percent
ID:       PAF Responsible:         Job Record#:       Location:         SSN:       Status:         Hire Date:       Initiator:       Phone:         Current - Distribution Information       New - Distribution Information	Percent
Job Record#:     Location:       SSN:	Percent
SSN:	Percent
Status:     Initiator:     Phone:       Hire Date:     Initiator:     Phone:       Current - Distribution Information     New - Distribution Information	Percent
Hire Date:     Initiator:     Phone:       Current - Distribution Information     New - Distribution Information	Percent
Current - Distribution Information New - Distribution Information	Percent
	Percent
Image: Constraint of the second sec	
Cost Sharing:	
Approval Signatures	
Effort Certification:  Signature/Date:	
Signature/Date:	
Signature/Date:	
Signature/Date:	
HR Routing Information:         DestA:         DestB:         DestC:         Auth:	