Personnel Action Form Vanderbilt University

Employee Information:		Department Information:		
Name:		Home Department:		
ID:		PAF Responsible:		
Job Record#:		Location:		
SSN:				
Status:				
Hire Date:		Initiator:	Phone:	
Current - Distribution Information		New - Distribution Information		
		Center	Job Code	Percent
Cost Sharing:				
Approval Signatures				
Effort Certification: 🗖		Signature/Date:		
I certify that I have first hand knowledge of (or have used performed by this individual and salary distribution prior to	suitable means of verifying) work the effective date of this change is	Signature/Date:		
reasonable in relation to the work performed.		Signature/Date:		
		Signature/Date:		
HR Routing Information: DestA: DestB:		DestC: Auth:		