



Personnel Action Form

Employee Information: Name: _____ ID: _____ Job Record#: _____ SSN: _____ Status: _____ Hire Date: _____	Department Information: Home Department: _____ PAF Responsible: _____ Location: _____ Initiator: _____ Phone: _____
---	--

Current - Distribution Information			New - Distribution Information		
Center	Job Code	Percent	Center	Job Code	Percent

Cost Sharing:	_____
----------------------	-------

Approval Signatures	
Effort Certification: <input type="checkbox"/>	Signature/Date: _____
I certify that I have first hand knowledge of (or have used suitable means of verifying) work performed by this individual and salary distribution prior to the effective date of this change is reasonable in relation to the work performed.	Signature/Date: _____
	Signature/Date: _____
	Signature/Date: _____

HR Routing Information: DestA: _____ DestB: _____ DestC: _____ Auth: _____