



Personnel Action Form (PAF)

Section I: Employee Information

First Name:	Last Name:	Employee ID (if applicable):
Department:	Supervisor Name:	Position Title:

Employment Status: Full-Time Part-Time Adjunct Volunteer

Section II: Type of Action (*Select One*)

- | | |
|--------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Rehire |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Position Change |
| <input type="checkbox"/> Salary Adjustment | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Return from Leave |
| <input type="checkbox"/> Termination | <input type="checkbox"/> Volunteer Appointment |
| <input type="checkbox"/> Other: | |

Section III: Action Details

For New Hire / Rehire	
Proposed Salary / Stipend:	Funding Source:
For Promotion / Position Change	
Current Position:	New Position:
For Salary Adjustment	
Current Salary:	Proposed Salary:
For Leave / Return	
Type of Leave:	Leave Dates:
For Termination	
Last Day of Employment:	Reason:



Section IV: Justification for Action

Provide a detailed explanation supporting this personnel action (attach additional documentation if necessary):

Section V: Compliance & Verification

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Position aligns with institutional staffing plan | <input type="checkbox"/> Background check completed (if applicable) |
| <input type="checkbox"/> Budget availability confirmed | <input type="checkbox"/> Credentials verified (if applicable) |

Section VI: Approvals

Hiring Chair / Committee Representative
Signature: _____
Date: _____

Position Supervisor
Signature: _____
Date: _____

Vice Chancellor, Administration, Finance & Chief Operations Officer
Signature: _____
Date: _____

Office of Human Resources
Signature: _____
Date: _____

Chancellor
Signature: _____
Date: _____

President, Western Institution of Nassau Bible College (Final Approval)
Signature: _____
Date: _____



Section VII: Administrative Use Only

Processed By: _____

Date Processed: _____

Entered Into System: Yes No

Notes: _____