

Personnel Action Form – Required for All Employment Changes and Updates

<b>Employee Name:</b>	<b>Date PAF Submitted to HR:</b>
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Type of Action (Select All that Apply)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:

If the type of action is "Hire" or "Re-Hire", the following information is required:

Whom is this hire/re-hire replacing?  Full-time  Part-time  References Reviewed

Job Information		Equipment/Training Needed	
	Current		
Job Title:			
Status:			
Department:			
Location:			
Supervisor:			

Schedule							
Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift:							
On-Call Shift <sup>1</sup> :							

Remarks
Reason for Personnel Action:

Termination Information		
Reason for Termination (Provide details in Additional Comments):	Last Date Worked:	
Description:	Termination Date:	
	Eligible for Re-Hire <sup>2</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this position be re-filled? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a <b>Recruitment Request Form</b> must be submitted for approval.)		

Completed by Human Resources					
<b>Effective Date:</b>		<b>Employee ID:</b>		<b>Position Code:</b>	
<b>Compensation</b>		FLSA:	<input type="checkbox"/> Shift Diff.	<input type="checkbox"/> PRN Nurse	<input type="checkbox"/> Multiple Dept.
<b>Current Information</b>		<b>New Information</b>		<b>Front-loaded Vac.</b>	<b>Vac. Accrual Rate</b>
<b>Rate:</b>	per	<b>Rate:</b>	per		
Secondary Rate/Supplement Earnings Details <sup>3</sup>					
<b>Earnings Type:</b>					
	\$	<b>Rate Code:</b>		<b>Job Code:</b>	
	\$	<b>Rate Code:</b>		<b>Job Code:</b>	

Requestors	Date	Requestor's Supervisor <sup>4</sup>	Date	Program Director <sup>5</sup>	Date
CFO/Controller	Date	HR Director	Date	ELT Representative	Date

**Additional Comments:**

**SUBMIT COMPLETED PAF TO HR@DBHUTAH.ORG**

**Once the PAF has been submitted, the Human Resources Department will review the document to ensure that it has been filled out accurately and completely. PAFs that are submitted correctly will be sent out for approval. Those that are incomplete or inaccurate will be returned to the sender to be corrected and resubmitted. No action will be taken until all approval signatures have been obtained. The effective date for personnel actions will be the first day of the pay period following the change/update.**

<sup>1</sup> Required for all part-time shift coverage staff at the CRU and Davis County Receiving Center.  
<sup>2</sup> Please list any reasons to consider before re-hire and/or all information related to an employee being ineligible in the "Additional Comments" section at the bottom of the PAF document.  
<sup>3</sup> Supplemental Earnings Agreement will be drafted for approved supplemental earnings opportunities.  
<sup>4</sup> Requestor's Supervisor signature approves request and confirms personnel action fits program objectives.  
<sup>5</sup> Program Director's signature required if she/he is not the requestor's supervisor.