



Personnel Action Form (PAF)

*For rehires and changes to tax withholdings, terminations or deductions,
please contact your Payroll Specialist for the appropriate forms.*

Company Name: _____ Date: _____

Employee Name: _____ Social Security #: _____

Type of Change(s):

Name Change Job/Department Change Address Change
Pay Rate Change Leave of Absence Other: _____

Name Change:

New Name: _____

Job/Department Change:

Old Job Title: _____ Department: _____

New Job Title: _____ Department: _____

Effective Date: _____ New Workers' Comp Code: _____

Address Change:

New Address: _____

City: _____ State: _____ Zip: _____

Pay Rate Change:

Old Rate: _____ New Rate: _____ Effective Date: _____

Leave of Absence:

From: _____ To: _____ Reason: _____

Other Changes/Comments:

Copy to: Employee Employee File National PEO Other: _____

Supervisor Signature: _____ Date: _____

Supervisor Print Name: _____ Title: _____

Employee Signature: _____ Date: _____

Employee Print Name: _____ Title: _____