

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):

- | | | |
|--|--|---|
| <input type="checkbox"/> Name Change | <input type="checkbox"/> Job/Department Change | <input type="checkbox"/> Address Change |
| <input type="checkbox"/> Pay Rate Change | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> 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: _____

Pay Rate Change:

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

Other Changes/Comments:

Copy to: Employee Employee File National PEO Other: _____

Supervisor Signature: _____ **Date:** _____

Supervisor Name: _____ **Title:** _____

Employee Signature: _____ **Date:** _____

Employee Name: _____ **Title:** _____