NORTHERN ILLINOIS UNIVERSITY
Division of Human Resource Services

Personnel Action Form (PAF)

Date: _____ New   Change/Update ⬤   Employee type: GA   Student

Action/Reason

Effective date: _____   Action/Reason Code: _____

Effective date: _____   Action/Reason Code: _____

Effective date: _____   Action/Reason Code: _____

Personal Data

Student ID: _____   Employee name:
(last name, first name/initial, middle name/initial)

Job Data

Position number: _____   Job code: _____   Appointment end date: _____

FTE(# hours/40)

FTE: _____   Other: _____   Hours per week: _____

Comp rate: _____   Hourly   Semi-monthly   Contract total: _____   Workstudy: Yes   No

Department: _____   Location: _____

Supervisor: Full name   Position number

Hiring manager: Full name   A-ID

Comments/Other information

Signatures

Fund Advisor	Date	College/Division	Date	Department	Date
Sponsored Programs Administration	Date	RIPS	Date	HRS	Date

HR

Background check: Completed   N/A   **I-9 Form**: Completed   N/A   **Onboarding**: Completed   N/A