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: Choose one

Effective date: Action/Reason Code: Choose one

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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: Choose c 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 ☐