



**New Mexico State University  
Human Resource Services  
Personnel Action Form (PAF)**

**ROUTING**

[Submit a Team Dynamix Ticket.](#)

Copy text below to name form & use as Title on Ticket

**Section: 1 EMPLOYEE INFORMATION**

PAF Code: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Position#: \_\_\_\_\_ Suffix: \_\_\_\_\_ ECLS: \_\_\_\_\_ Org: \_\_\_\_\_

**Section: 2 STATUS CHANGE (Do not complete Section 4)**

*Term of Employment*

Last Day: \_\_\_\_\_ Term Code: \_\_\_\_\_ Term Reason: \_\_\_\_\_

*Leave of Absence*

Leave Status: \_\_\_\_\_ Leave Type: \_\_\_\_\_

Effective Date (Actual Start or Return Date): \_\_\_\_\_ Expected Return Date: \_\_\_\_\_

**Section: 3 JOB CHANGE INFORMATION (Only complete fields to be changed)**

**Effective Date:** \_\_\_\_\_ **Change Code:** \_\_\_\_\_

Job Start Date: _____	Differential Amount: _____
Job Stop Date: _____	Salary/Hourly Rate: _____
Title: _____	Department Org#: _____
FTE: _____	Reports to Position#: _____
Default Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard	Time Sheet Org: _____

**Section: 4 REASON FOR CHANGE/COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section: 5 (Must be completed) APPROVAL**

*Required for Faculty: Dept Head/Dir, VP/Dean/CC President and HR Services • Required for Staff/Students: VP/Dean/CC President and HR Services*

<b>Dept Head/Dir (optional):</b> <input type="checkbox"/> Authority <input type="checkbox"/> Designee	_____	Print	_____	Date
<b>VP/Dean/CC President:</b> <input type="checkbox"/> Authority <input type="checkbox"/> Designee	_____	Print	_____	Date
<b>HR Services</b>	_____	Print	_____	Date

**Internal Use Only**

_____	_____	_____	_____	_____
Data	Payroll	Pay Event	Adjustment	Budget