

PERSONNEL ACTION FORM

(ALL PAFS MUST BE TURNED IN WEDNESDAY PRIOR TO PAY DAY)

ACTION TO BE TAKEN		P.A.F. NUMBER:	
EMPLOYEE INFORMATION:			
SSN:	<input type="text"/>	Service Comp Date:	Employee ID No: <input type="text"/>
Employee Name:	Last	First	Middle
Mailing Address:	City		State
			Zip Code
Telephone No:	<input type="text"/>		Date of Birth: <input type="text"/>
BLACKFEET	BLACKFEET DESCENDENT:	ENROLLED MEMBER OTHER TRIBE:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
	ENROLLMENT NUMBER: <input type="text"/>		
EFFECTIVE DATE:	<input type="text"/>		
CURRENT STATUS:		ACTION TAKEN:	
Position:	Grade:	Position:	Grade:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Step:		Step:
	<input type="text"/>		<input type="text"/>
Annual Salary:	<input type="text"/>	Annual Salary:	<input type="text"/>
Hourly Wage:	<input type="text"/>	Hourly Wage:	<input type="text"/>
Program:	<input type="text"/>	Program:	<input type="text"/>
Account No:	<input type="text"/>	Account No:	<input type="text"/>
PERMANENT ONLY		CONTINGENT ONLY	
Full Time Permanent:	<input type="text"/>	Full Time Contingent:	<input type="text"/>
Part Time Permanent:	<input type="text"/>	Part Time Contingent:	<input type="text"/>
Full Time Seasonal:	<input type="text"/>	Full Time Seasonal:	<input type="text"/>
Part Time Seasonal:	<input type="text"/>	Part Time Seasonal:	<input type="text"/>
		Full Time Temporary: <input type="text"/>	
		Part Time Temporary: <input type="text"/>	
		1 <input type="text"/>	
		2 <input type="text"/>	
		Council Signature Required For Temporary Employees only	
		Date <input type="text"/>	
PERSONNEL USE ONLY			
Work Comp Code:	<input type="text"/>	Exemptions:	<input type="text"/>
		Pension:	<input type="text"/>
		Service Comp Date:	<input type="text"/>
Exempt: <input type="checkbox"/>	Non- Exempt: <input type="checkbox"/>	W-4 Attached <input type="checkbox"/>	Background Check: <input type="checkbox"/>
			Drug Test: <input type="text"/>
SIGNATURE AUTHORIZATION: Certifies that the person meets the minimum requirements and is eligible for the position.			
Supervisor:	<input type="text"/>		Date: <input type="text"/>
Personnel Director:	<input type="text"/>		Date: <input type="text"/>
SIGNATURE AUTHORIZATION:			
Program Director:	<input type="text"/>		Date: <input type="text"/>
Monitor:	<input type="text"/>		Date: <input type="text"/>
Personnel Director:	<input type="text"/>		Date: <input type="text"/>