**BLACK HILLS STATE UNIVERSITY PERSONNEL ACTION FORM (PAF)**

**All forms are due with ALL Appropriate signatures by the 12th of the month to be processed on the current month’s payroll.**

[ ]  Original PAF [ ]  Amended PAF: Original PAF Date       [ ]  Labor Distribution Change

Date:       Banner ID:       Last Name:       First Name:

Institutional Address:

Title:       Timesheet Org:       Supervisor:

EMPLOYEE INFORMATION

|  |  |  |
| --- | --- | --- |
| Employee Type | Appointment Information | Faculty Information |
| [ ]  Faculty | [ ]  Regular | Bargaining Unit |
| [ ]  Non-Faculty Exempt | [ ]  Temporary/Emergency Hire |  [ ]  Yes |
| [ ]  CSA |  |  [ ]  No |
|  | FTE (Full-Time Equivalency)       |  |
|  |  | Contract Type |
|  |  | [ ]  Term |
|  |  | [ ]  Tenure Track  |

COMPENSATION INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Period of Appointment | Dates of Appointment | FLSA Methodology | Rate / Amount |
| [ ]  12 Months |       To       | [ ]  Hourly | $      |
| [ ]  9 Months – Deferred Pay |       To       | [ ]  Salary | $      |
| [ ]  10 Months – Deferred Pay |       To       |  | $      |
| [ ]  Other:       |       To       |  |  |

FUNDING INFORMATION

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position # | Fund | Org | Account | Program | Activity | Location | Percent | Salary / Split | Grant FundInvolved |
|       |       |       |       |       |       |       |       |       | [ ] Yes [ ]  No |
|       |       |       |       |       |       |       |       |       | [ ] Yes [ ]  No |
|       |       |       |       |       |       |       |       |       | [ ] Yes [ ]  No |
|       |       |       |       |       |       |       |       |       | [ ] Yes [ ]  No |
| ***TOTALS:*** *(Right-Click in Field, Choose Update Field)* | 0.0% | $ 0.00 |  |

Notes/Special Terms and Conditions:

APPROVAL

|  |  |
| --- | --- |
| Requested by *Dir/Acct Supv:*  | Date: |
| Approved by *Dean/Administrator*:  | Date: |
| Grants Review *If Applicable* :  | Date: |
| Budget Review: | Date: |
| Reviewed by *VP-Finance & Admin*:  | Date: |
| HR Review:  | Date: |

|  |
| --- |
| For HR & Budget Use Only |
| [ ]  NBAJOBS | [ ]  NBAPOSN | [ ]  PEAFACT | [ ]  PEABARG | [ ]  Override JBLD |
| [ ]  PEAREVW | [ ]  NBAPBUD | [ ]  CONTRACT | [ ]  CHANGES AFTER  PAYROLL |  |

**Instructions:**

☞ PAF forms must be completed in its entirety.

☞ This form should be used for part-time or full-time appointments without a pre-determined end date.

☞ All temporary, student, or supplemental/overload appointments should be submitted via the ePAF system. Please contact HR for any exceptions.

☞ Originating office should complete the form electronically, print the form, and route it for appropriate signatures. (Keep a copy for your file.)

☞ All forms will be imaged into the Banner System.

***Updated 12-9-16***