**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 Fund  Involved |
|  |  |  |  |  |  |  |  |  | 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***