

# PAF *Personnel Action Form*

After completing form and collecting signatures, email to [PAF@TCU.EDU](mailto:PAF@TCU.EDU).

Name		TCU ID#
Effective Date	Personnel Action - Action Reason	

## *Job Information*

Position #	Department #	Job Code	Job Type	Full / Part Time
Employee Class	Standard Hours	FTE	Weeks / Year	
Pay Group	Pay Type	Pay Rate	Annual Base Salary	

## *Budget Information*

Department	Fund	Account	Project	Earn Code	Distribution (Hours, \$, %)

## *Additional Pay / One-Time Payments*

Earn Code	Begin Date	End Date	Pay Rate	Goal Amt	Position	Dept	Fund	Account	Project

## *Comments for Job Information & Additional Pay*

--

## *Faculty Data (if applicable)*

Tenure Status	Job Title

## *Job Contact Information*

Employee's Supervisor	Supervisor Position #	Supervisor TCU ID	TCU Phone #	Form Completed By	Date

## *Authorization*

Department Budget Manager	Date	Vice Chancellor	Date
Budget Office or Research Accounting	Date	Chancellor	Date

Authorization signatures are required for all regular staff or faculty in regard to (1) changing the base salary, or (2) changing the FTE of a position.