

PAF - Personnel Action Form

After completing form and collecting signatures, email to PAF@TCU.EDU.

Name	TCU ID#
Effective Date	Personnel Action - Action Reason

Job Information

Department #	Position #	Job Code	Job Type	Pay Group	
Employee Class	Std Hours	FTE	Weeks / Yr	Pay Rate	Annual Base Salary

Budget Information

Department #	Fund	Account	Project	Earnings Code	Distribution (Hrs, \$, %)

Additional Pay / One-Time Payment

Earnings Code	Begin Date	End Date	Pay Rate	Goal Amt	Position	Dept	Fund	Acct	Project

Comments for Job Information & Additional Pay

--

Faculty Data (if applicable)

Tenure Status	Job Title

Job Contact Information

Employee's Supervisor	Supervisor Pos #	Supervisor ID	TCU Phone #	Form Submitted By	Date

Authorization

Department Budget Manager	Date	Vice Chancellor's Office	Date
Budget Office or Research Accounting	Date	Chancellor's Office	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.