

## PERSONNEL ACTION FORM (PAF)

<b>PAF Type Requested (Check One):</b>  <input type="checkbox"/> New Position (Section 1, 2, 4, 5, 6) <input type="checkbox"/> Vacant Position (Section 1, 2, 3, 4, 5) <input type="checkbox"/> Change Existing Position (Section 1, 3, 4, 5, 6)	<b>Position Type (Check One):</b>  <input type="checkbox"/> Certificated <input type="checkbox"/> Classified <input type="checkbox"/> Management/Confidential <input type="checkbox"/> Administrator <input type="checkbox"/> Coach or Extra Duty	<b>Position Category (Check One):</b>  <input type="checkbox"/> Prob/Perm <input type="checkbox"/> Temporary <input type="checkbox"/> Short-Term <input type="checkbox"/> Categorical <input type="checkbox"/> Summer Program
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### SECTION 1 - POSITION INFORMATION

Position Title: \_\_\_\_\_ Work Site: \_\_\_\_\_  
FTE: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_ \*Subject Area(s): \_\_\_\_\_  
(\*If Certificated)  
Extra Duty Type (if applicable): \_\_\_\_\_

### SECTION 2 - ADVERTISEMENT STATUS

Advertise? ☐ Yes ☐ No Posting Date Requested: ☐ ASAP ☐ Specific Date: \_\_\_\_\_  
Advertisement Type Requested: ☐ In-House Only ☐ Out-of-House Only ☐ Both  
NOTE: All positions shall be advertised in-house in accordance with CEA/CSEA agreements.  
Edjoin Posting Timeline: ☐ Standard (2 weeks) ☐ Open Until Filled ☐ Other: \_\_\_\_\_  
Screening Committee Info.: ☐ \*Screening Committee Date: \_\_\_\_\_ or ☐ No Screening Committee (Interview All)  
\*Default = Screening Committee Meeting  
Interview Session Info.: ☐ \*Formal Interview Session Date: \_\_\_\_\_ or ☐ Informal Interview(s) (Solely for "In-House Only" Requests)  
\*Default = Formal Interview Session to be held at District Office

#### ADVERTISEMENT DETAILS FOR OUT-OF-HOUSE REQUESTS ONLY:

Edjoin Application Requirement Options (Check All Applicable):

☐ Edjoin Application ☐ Letter of Interest ☐ Transcripts ☐ Resume ☐ Letters of Reference  
☐ Qualification Verification  
(LOR Parameters: 3 LORs dated within past 12 (i.e. Credential, CODESP, ServSafe, etc.)

Other Publications (Check All Requested): \_\_\_\_\_ months

☐ Local EDD Insitute (Colusa County One-Stop) ☐ Local Newspaper (Pioneer Review)  
☐ Institutes of Higher Education (Neighboring Colleges) ☐ Neighboring Newspaper (Chico ER)

Number of Vacancies: \_\_\_\_\_ Special Requests: \_\_\_\_\_  
(i.e. "Advertise as Teacher - GR: K-3", etc.)

### SECTION 3 - EMPLOYEE INFORMATION/STATUS

☐ Vacating Position ☐ Changing Position ☐ New Budget Code  
Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Reason: ☐ Resignation ☐ Retirement ☐ Leave of Absence ☐ Transfer (Note Transfer Below)  
PC# \_\_\_\_\_ to PC# \_\_\_\_\_  
☐ Increase/Decrease in Assignment from \_\_\_\_\_ days/hours to \_\_\_\_\_ days/hours  
☐ Other Reason: \_\_\_\_\_

### SECTION 4 - WORK SHIFT INFORMATION

Total Hours/Day: \_\_\_\_\_ Total Days/Week: \_\_\_\_\_ Total Days/Year: \_\_\_\_\_

Work Hours	Time In	Time Out	Time In	Time Out	Total Hours/Day
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

#### SECTION 5 - BUDGET CODE INFORMATION

Fund - Resource - Year - Object - Goal - Function - School - Budget Responsibility - Type XX - XXXX - X - XXXX - XXXX - XXXX - XXX - XXXX - XXXX	%

#### SECTION 6 - REASON/JUSTIFICATION FOR REQUEST

If brand new position or a change to existing position, please indicate reasoning / justification for request:

#### SECTION 7 - AUTHORIZING SIGNATURES

Requesting Administrator:

\_\_\_\_\_

\_\_\_\_\_

Date

Chief Business Official:

\_\_\_\_\_

\_\_\_\_\_

Date

Superintendent:

\_\_\_\_\_

\_\_\_\_\_

Date

#### Section 8 - HUMAN RESOURCES USE ONLY

Board Action Item #: \_\_\_\_\_  
(If Applicable)

Date of Action: \_\_\_\_\_

Board Action Item: ☐ Approved ☐ Denied

NOV #: \_\_\_\_\_

New Employee Name: \_\_\_\_\_

EMP #: \_\_\_\_\_

PC #: \_\_\_\_\_ Effective Start Date: \_\_\_\_\_

Assignment End Date: \_\_\_\_\_  
(If applicable; i.e. Categorical)

Associated Salary Schedule: \_\_\_\_\_

Class/Step: \_\_\_\_\_ Rate: \_\_\_\_\_

Coaching/Extra Duty Stipend Amount: \_\_\_\_\_

Associated Calendar: \_\_\_\_\_  
(i.e. 10, 11 or 12 month)

SECTION 9 - AUTHORIZING SIGNATURES FOR NEW HIRES (IF APPLICABLE)

New Hire Approval and Authorization to Proceed with Salary Placement Offer:

Requesting Administrator:

\_\_\_\_\_

\_\_\_\_\_

Date

Chief Business Official

\_\_\_\_\_

\_\_\_\_\_

Date

Superintendent:

\_\_\_\_\_

\_\_\_\_\_

Date