**PERSONNEL ACTION FORM (PAF) – CHANGE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Information** | | | |
| **Employee ID** | | <Employee ID> | |
| **First Name** | | <First Name> | |
| **Middle Name** | | Enter Middle Name | |
| **Last Name** | | <Last Name> | |
| **Email Address** | | <Email Address> | |
| **Job/Employment Details** | | | |
| **Effective Date of Change** | | Select Date | |
| **Reason for Change** | | Select a Reason | |
|  | | **Current Details** | **Updated Details** |
| **Class** | | US Based | Select Class |
| **Employment Status** | | Select Employment Status | Select Employment Status |
| **Hours Per Week** | | Enter ***Hours per Week*** | Enter ***Hours per Week*** |
| **Duration of Contract** | | Start Date **|** End Date or  N/A | Start Date **|** End Date or  N/A |
| **Base Country** | | Select Country | Select Country |
| **Base City** | | Enter Base City | Enter Base City |
| **Base State** | | Select State | Select State |
| **Program/Division** | | Select Program Division | Select Program Division |
| **Country Team (if Applicable)** | | Select Country | Select Country |
| **Official Job Title** | | Select Official Job Title | Select Official Job Title |
| **Descriptive Job Title** | | Enter Descriptive Job Title | Enter Descriptive Job Title |
| **Employee’s Manager**  **(First, Last Name)** | | Employee’s Manager | Employee’s Manager |
| **Employee’s Direct Reports**  **(if applicable)** | | Enter n/a if none. | Enter n/a if none. |
| **Payroll & Compensation** | | | |
|  | | **Current Details** | **Updated Details** |
| Annual Base Salary | | Salary Type Select Currency Enter Base Salary | Salary Type Select Currency Enter Base Salary |
| **Additional/Other Compensation**  **(please explain in notes)** | | Reason & Select Currency Enter Amt | Reason & Select Currency Enter Amt |
| **Payroll Administered By:** | | Select Payroll | Select Payroll |
| **The Project ID(s) for the salary charges should be reported on your Master Employee Allocation file which is distributed monthly by your Program Accountant. This includes any changes to your employees’ allocation.** | | | |
| **Additional Notes** | | | |
| Click here to enter text. | | | |
| Completed By | First Name Last Name | | |
| **Approved By** | First Name Last Name | | **Date** Date Form Completed |
| **Human Resources Notes (For HR Use Only)** | | | |
| Click here to enter text. | | | |