

**COLUMBIA SCHOOL DISTRICT NO. 400
PERSONNEL ACTION FORM (PAF)**

Date: _____

This action requires a posting: _____ Yes _____ No

This form must be completed for ANY type of personnel action or change of work status. The following information MUST be provided to the Personnel Office BEFORE an employee begins work or changes status. This must be signed by the supervisor and program administrator (if appropriate) and forwarded to the District Personnel Office.

Employee's Name: _____

Type of Action:

Location: _____

- New Employee Resigned
 Increase in Time Retired
 Decrease in Time Termination
 Leave of Absence
 Other _____

Position: _____

- Classification:
 Certificated
 Classified
 Unaffiliated

- Duration of Position:
 On-going
 Non-continuing
 Temporary/CYO

Replacement for: _____

In-district Transfer: From _____ To _____

Beginning Date _____ **Ending Date** _____ **SPI Code** _____

BASE CURRENT ASSIGNMENT				NEW ASSIGNMENT MUST also show base current assignment			
ACCOUNT CODE	REGULAR		CERT FTE	ACCOUNT CODE	REGULAR		CERT FTE
	HRS/DAY	# DAYS			HRS/DAY	# DAYS	

Union: _____ Salary Schedule: _____ Step: _____ Hourly Rate: _____ Board Hire Date _____

Comments: _____

Supervisor's Signature _____

Program Admin. Signature _____

Business Manager: _____

Date: _____

Payroll Office: _____

Date: _____

Superintendent: _____

Date: _____