



SECTION 1 – Action Required

- New Hire
- Re-Hire
- Change in Assignment
 - Promotion
 - Transfer
 - Reclassification
 - Work Out of Class
 - Position/FTE Change
 - Additional Hours
- Leave of Absence
- Separation
 - Resignation
 - Retirement
 - Other
- Stipend
- Change in Funding
- Other (explain in Section 8)

SECTION 2 – LOCATION

Monterey Marina Ed. Ctr Public Safety Training Ctr

SECTION 3 – PERSONAL DATA

Escape ID: _____ DOB (MM/DD): _____

Legal Name: (As shown on Social Security Card)

(Last) _____ (First) _____ (Middle) _____

Mailing Address:

(Street & Number) _____ (City, State) _____ (Zip) _____

Phone #: _____ Email: _____

SECTION 4 – (Proposed) Position Classification

FACULTY		CLASSIFIED		ADMINISTRATIVE		OTHER	
<input type="checkbox"/>	Full-Time	<input type="checkbox"/>	Full-Time	<input type="checkbox"/>	Management	<input type="checkbox"/>	Short-Term
<input type="checkbox"/>	Part-Time	<input type="checkbox"/>	Part-Time	<input type="checkbox"/>	Supervisor	<input type="checkbox"/>	Substitute
							<input type="checkbox"/> Professional Expert

SECTION 5 – CURRENT STATUS (if currently working)

Job Title: _____ Escape/Position ID: _____

Supervisor (Name/Title): _____ Dept.: _____

Salary Sched: _____

Effective Date	End Date	Work Year Months	Range/Step /	Hours <input type="checkbox"/> Week <input type="checkbox"/> Month	Rate of Pay \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other
----------------	----------	---------------------	-----------------	---	---

SECTION 6 – PROPOSED STATUS

Job Title: _____ Escape/Position ID: _____

Supervisor (Name/Title): _____ Dept.: _____

Effective Date	End Date	Work Year Months	Range/Step /	Hours <input type="checkbox"/> Week <input type="checkbox"/> Month	Rate of Pay \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other
----------------	----------	---------------------	-----------------	---	---

SECTION 7 – FUNDING SOURCE(S)

Budget	Fund	RESP	S	ACT	DEP	OBJ	LOC	FS	DET	%	Budgeted Amount
Salary Distribution:	-	-	-	-	-	-	-	-	-	%	\$
	-	-	-	-	-	-	-	-	-	%	\$
	-	-	-	-	-	-	-	-	-	%	\$
										100%	

SECTION 8 – BUDGET APPROVAL

_____ Date _____

Administrative/Fiscal Services Signature

For Payroll Use:



SECTION 8 – JUSTIFICATION

Provide details of the requested action. For example: a. Name of the person being substituted; b. Purpose of the stipend, including citation of the authority for the stipend (contract article, administrative procedure, etc.), c. other pertinent supporting details supporting the action.

Out of Class Assignments: Provide the Employee a copy of PAF reflecting job duties for Out of Class Assignment.

[Empty box for justification details]

SECTION 9 – SIGNATURES

Name of Person who Prepared PAF (if not Division Chair/Manager):
_____ Phone Ext: _____

2) _____
HR Review Date

Division Chair/Manager: _____
Print Name

3) _____
Dean's Signature Date

1) Signature _____ Date _____

4) _____
VP's or President's Signature Date

SECTION 10 – FINAL APPROVAL

Board Approval Date: _____ I-9 Fingerprints TB COVID

VP of Human Resources Officer Signature Date