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| Text, logo  Description automatically generated | **Personnel Action Form (PAF)** | [**Form ID #**](https://eforms.uwsp.edu/workspace.aspx)**:**  |
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| **Person Information** |
| Name: |  | Empl ID Number: |  |
| Department/School/Unit: |  |
| UW System (TTC) Title: |  | UW System (TTC) Code: |  |
| Business Title: (limit 30 characters) |  |

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| **Appointment Action** |
| [ ]  *If applicable:* PAF held until work completed | [ ]  *If applicable:* PAF able to be paid immediately |
| Action Taken: | Choose an item. |
| Begin Date: |  | End Date: |  | FTE/Credits: |  |
| Base Salary: |  | Estimated Total Payment Amount: |  |

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| **Funding Information** |
| Amount($xx,xxx.xx) | Fund(xxx) | Program(x) | DeptID (Account)(xxxxxx) | Project(xxxxxxx) | **%** |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
|   |   |   |   |   |  |
| *Check when applicable:* | [ ]  *Replacement PAF*[ ]  *Additional PAF* | *Original Form ID #:* \_\_\_\_\_\_\_\_\_ | Total % must equal 100 | **0.00%** |
| *If applicable:* Date of cancellation due to insufficient enrollment: \_\_\_\_\_\_\_\_ | *If applicable:* Date enrollment taken: \_\_\_\_\_\_\_\_ |

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| **Explanation (e.g. rationale for additional payment/course name(s), etc.)** |
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| **DocuSign routing instructions** |

1 – Department Chair/Associate Dean/Unit Supervisor – “Needs to sign” and date

2 – Dean/Director – “Needs to sign” and date (Follow College or Division approval processes)

3 – Account Budget Manager (WISER) – “Needs to sign” and date when applicable

4 – Grant Accounting (if 113/133/144 account) – “Needs to sign” and date

**FOR ACADEMIC AFFAIRS**

5a – hr@uwsp.edu – “Receives a copy” when included with a RAF, CAF, etc. packet; **OR**,

5b – acadaffpforms@uwsp.edu – “Receives a copy” when the PAF it is a standalone action

HR or AA will review and secure the remaining signatures

**FOR ALL OTHER DIVISIONS**

5 – Chancellor/Vice Chancellor/Assistant Chancellor or designee – “Needs to sign” and date if being used as standalone. If part of a packet, skip.

6 – hr@uwsp.edu – “Receives a copy”

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| **Approvals** |
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| **Approved, Department Chair/Associate Dean/Unit Supervisor Date** |
|  |
| **Approved, Dean/Director Date** |
|  |
| **Approved,** **Account Budget Manager (WISER) Date** |
|  |
| **Approved, Grant Accounting (if 113/133/144 account)**  **Date** |
|  |
| **Approved, Vice Chancellor/Division Leader or designee Date**  |