

* Please type the following in the e-mail subject line:

Personnel Action Form (PAF)
(New Hires, Changes and Terminations)

* Employee's Name:

* Department: _____

Completed by: _____ Phone Number: UFID#: _____

Employee's Name: _____ Effective Date: _____ Salary: FTE: _____

Department: _____ Division: _____

Position # (Faculty/Teams): _____ Practice Location: _____

U. S. Citizen? YES NO If No, Visa Status/Type: _____

Does this individual have an active Florida Medical License? YES NO If Yes, License #: _____

How is the position to be funded?
 Non-Tenure Accruing Tenure Accruing Departmental Funds (MG&G) Grant Contract

UF POSITION: _____ ACADEMIC RANK: _____

FOR THE ADMINISTRATIVE TITLES, PLEASE CHOOSE APPROPRIATE TITLE AND FILL IN THE BLANK, IF NECESSARY

ADMINISTRATIVE TITLES: _____ TEAMS TITLE: _____

ACTION REQUESTED: Choose appropriate action below

FACULTY APPOINTMENT	ADJUNCT APPOINTMENT	POST DOCTORAL ASSOC.	OPS APPOINTMENT	TEAMS APPOINTMENT
<input type="checkbox"/> New Appointment	<input type="checkbox"/> New Appointment	<input type="checkbox"/> New Appointment	<input type="checkbox"/> New Appointment	<input type="checkbox"/> New Appointment
<input type="checkbox"/> FTE Change	<input type="checkbox"/> Reappointment	<input type="checkbox"/> Reappointment	<input type="checkbox"/> Reappointment	<input type="checkbox"/> FTE Change
<input type="checkbox"/> Salary Change	<input type="checkbox"/> FTE Change	<input type="checkbox"/> FTE Change	<input type="checkbox"/> FTE Change	<input type="checkbox"/> Salary Change
<input type="checkbox"/> Title Change	<input type="checkbox"/> Salary Change	<input type="checkbox"/> Salary Change	<input type="checkbox"/> Salary Change	<input type="checkbox"/> Title Change
<input type="checkbox"/> Administrative Supplement	<input type="checkbox"/> Title Change	<input type="checkbox"/> Title Change	<input type="checkbox"/> Termination/Resignation	<input type="checkbox"/> Termination/Resignation
<input type="checkbox"/> Termination/Resignation	<input type="checkbox"/> Termination/Resignation	<input type="checkbox"/> Termination/Resignation		
<input type="checkbox"/> Joint Appointment				

REQUIRED FOR TERMINATIONS: Is any outstanding call pay or lump sum owed to this individual? YES NO

If Termination/Resignation, what is the last day working?: _____

TERMINATION REASONS: _____ New Employer: _____

Title: _____

Comments:

APPROVED BY:
 Department Chair's Name: _____ Chair's Signature: _____ Date Signed: _____