

Personnel Action Form (PAF)

For use to initiate changes to existing information for current employees
PLEASE PRINT CLEARLY

Prepared by:	Ext:
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Section 1 – Employee Information

Affiliation: <input type="checkbox"/> OPSEU <input type="checkbox"/> MAC <input type="checkbox"/> Senior Admin. <input type="checkbox"/> RFA <input type="checkbox"/> RFA Associate (Admin Appointment) <input type="checkbox"/> CUPE 233 <input type="checkbox"/> CUPE PT&S		
Last Name:	First Name:	Employee Number:
Title:	Department/School:	Position Number (if known):

Section 2 – Salary Change, Bonus, Gift or Award (to be completed for changes to existing salary)

Effective Date (mm/dd/yyyy):		End Date (mm/dd/yyyy) – if applicable:	
Monthly Stipend (RFA):	Acting/Temp Allowance (% increase to salary): 0.00%	Acting/Temp Assignment (Salary/Wage Rate):	Other - New Salary and Rationale:
<input type="checkbox"/> CUPE PT&S (Unit 1):			
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer	Extra Student Payment:	Pay in Lieu of Notice:	Service Adjustment:

Section 3 – Work Schedule Changes

Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy): if applicable	New Weekly Hours:
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Section 4 – Leaves of Absence (please attach original employee request for leave/leave extension)

<input type="checkbox"/> New <input type="checkbox"/> Extension <input type="checkbox"/> Revision			<i>Note: If an employee will take vacation at the end of an approved leave, please indicate vacation dates under "Other"</i>		
TYPE OF LEAVE:	START DATE (first day of leave) mm/dd/yyyy:	END DATE (last day of leave) mm/dd/yyyy:			
<input type="checkbox"/> Pregnancy					
<input type="checkbox"/> Parental					
<input type="checkbox"/> LTD					
<input type="checkbox"/> WSIB					
<input type="checkbox"/> Other (specify):					

Section 5 – Non-Work Period (Partial-year employees only)

Start of Non-Work Period (mm/dd/yyyy): <i>(Last paid day- including any vacation/CTO paid days)</i>	End of Non-Work Period (mm/dd/yyyy): <i>(First day Back at Work)</i>	Note: All CTO credits and vacation credits may be applied to the end of the scheduled work period, or paid out. Maximum of 10 days vacation can be carried over.	
		<input type="checkbox"/> Pay out days and remaining CTO Credits	<input type="checkbox"/> Pay out Remaining Vacation/CTO Credits

Section 6 – Termination (Please attach original termination document (ie: letter of resignation, retirement letter etc...))

<input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Early Retirement <input type="checkbox"/> Termination <input type="checkbox"/> Other (please specify):			
Date Last Worked (mm/dd/yyyy):	Termination Date (mm/dd/yyyy):	Vacation Days to be Paid:	CTO Hours to be paid:

Section 7 – Departmental/Faculty Authorization

Distribution Code:	Split:	Effective Date:
[][][][][][][][][]	\$ %	
[][][][][][][][][]	\$ %	
[][][][][][][][][]	\$ %	
<i>I confirm that the above changes are consistent with TMU policies, Collective Agreements, and applicable legislative requirements.</i>		
Department Authorized Signature:	Name:	Date:
Dean/Sr. Director (if required):	Name:	Date: