

# Personnel Action Form (PAF)

Employee Clock Number

Document Date (Will populate when form is submitted)

High Org (Company)

Created By User's Real Name (Will populate when form is submitted)

Low Org (Department)

Supervisor (Leader designated to approve this act)

## PERSONNEL ACTIONS

☐ New Hire \*☐ Demotion \*☐ Name Change \*☐ Rehire \*☐ Layoff Return \*☐ Work Week Change \*☐ Separation of  
Employment \*☐ Leave of Absence \*☐ Transfer \*☐ Promotion \*☐ Reporting Relationship  
Change \*☐ Corrective Action \*☐ Probation Extension \*

## Authorizing Signatures

HR Representative Signature \*

Click to Sign Document

Print Name \*

Employee First Name *	Employee Middle Name	Employee Last Name *
Social Security	Date of Birth	Suffix
Name Change To	Gender M/F	Ethnicity
Legal Residence Address	Home Phone	
City	Cell Phone	
State		
Zip Code		
<input type="checkbox"/> Check if mailing address is different		
Mailing Address		
Mailing City		
Mailing State		
Mailing Zip		

Effective Date \*

Orientation Date

Finger printing required?

Job Code/Job Title

Position Number

Appointment Type

Holiday Policy

Annuity Code

Annuity Date

Annuity OT Code

Pay Type

Pay Step

Pay Range

Scheduled Hours (Number of  
hours worked PER PAY PERIOD)

Hourly Rate

Annual Salary

Pay Policy

Employee Type

Shift

Schedule

Security Level

Labor Distribution Coding

Workgroup

Union Member Status (Firefighters and Sheriff only)

Does this position require a Professional License?

## COMPENSATION STATUS:

☐ INCREASE☐ DECREASE☐ NO CHANGE

Current:

\$ per hour

☐ Hourly☐ Salaried

Change To:

\$ per hour

☐ Hourly☐ SalariedIf Salaried Annual  
Salary

Annual Salary

Professional License Information

Effective Date

Expiration Date

Type

ID Number

State Issued

**Manager/Supervisor Name**

**Manager/Supervisor Job Code/Job Title**

**Manager/Supervisor Position Number**

Leave Reason

☐ Return from Leave of Absense

Type of Leave

First Day back to work

Actual Last Day of Work

**Corrective Action**

Offense Date

Offense

Action Date

Action Taken

Suspended with/without Pay

☐ Return from Suspension

First Day back to work

**Probation Extension**

Probation Extension

Action Taken By (Last Name, First Name)

Last Day of Work	Eligible for Rehire	If Subject to Recall
Last Day Compensated If Retired	<input type="checkbox"/> Yes (with interview) <input type="checkbox"/> No	Recall Dates Expire
Reason Code		
TALX Reason Code		
Comments:		

To submit form for processing, go to Separation of Employment tab and press the submit button.

If this entry is an UNDERFILL please send separate e-mail request to [hrcompensation@milwaukeecountywi.gov](mailto:hrcompensation@milwaukeecountywi.gov).