



SECTION 1 – Action Required	
<input type="checkbox"/>	New Hire
<input type="checkbox"/>	Re-Hire
<input type="checkbox"/>	Change in Assignment
<input type="checkbox"/>	Promotion
<input type="checkbox"/>	Transfer
<input type="checkbox"/>	Reclassification
<input type="checkbox"/>	Work Out of Class
<input type="checkbox"/>	Position/FTE Change
<input type="checkbox"/>	Additional Hours
<input type="checkbox"/>	Leave of Absence
<input type="checkbox"/>	Separation
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Other
<input type="checkbox"/>	Stipend
<input type="checkbox"/>	Change in Funding
<input type="checkbox"/>	Other (explain in Section 9)

SECTION 2 – LOCATION			
<input type="checkbox"/> Monterey	<input type="checkbox"/> Marina Ed. Ctr	<input type="checkbox"/> 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.:		
				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 7 – FUNDING SOURCE(S)														
Budget	Fund	RESP	S	ACT	DEP	OBJ	LOC	FS	DET	%	Budgeted Amount			
Salary Distribution:	-	-	-	-	-	-	-	-	-	%	\$			
	-	-	-	-	-	-	-	-	-	%	\$			
	-	-	-	-	-	-	-	-	-	%	\$			
										100%				

SECTION 8 – BUDGET APPROVAL	
_____	_____
Administrative/Fiscal Services Signature	Date

For Payroll Use:
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SECTION 9 – 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 10 – 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 11 – FINAL APPROVAL

Board Approval Date: \_\_\_\_\_  I-9  Fingerprints  TB  COVID

\_\_\_\_\_  
VP of Human Resources Officer Signature Date