

**GRADUATE STUDENT PERSONNEL ACTION FORM**  
To Submit: <https://forms.office.com/r/EivxfhgNLv> **GS - PAF# E**

DATE \_\_\_/\_\_\_/\_\_\_ To avoid delays please provide all requested information and obtain the required signatures.

STUDENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_/\_\_\_/\_\_\_ CAMPUS ID# \_\_\_\_\_  
LAST FIRST M

EMPLOYEE ID # **10** \_\_\_\_\_ REC # \_\_\_\_\_ VISA (if applicable) F1  J1

**ACTION/ACTION REASON:**

- HIRE
- CONCURRENT (SAME DEPT) APPOINTMENT
- REHIRE

**APPOINTMENT TYPE:**

- ACADEMIC STUDENT HOURLY (A\_STUDACAD)
- SUMMER STUDENT HOURLY (A\_STUDSUM)
- \*SUMMER STUDENT WORK STUDY (A\_WSSUM)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p><b>Complete to CHANGE GS-PAF # _____</b></p> <p><input type="checkbox"/> CANCELLATION (Never submitted hours)</p> <p><input type="checkbox"/> TERMINATION: LAST DAY WORKED ___/___/___</p> <p><input type="checkbox"/> FUNDING: CURRENT HR ACCT # A _____</p> <p>NEW HR ACCT # A _____ EFFECTIVE ___/___/___</p> <p><input type="checkbox"/> PAY RATE: NEW _____ EFFECTIVE ___/___/___</p> <p>ENCUMBRANCE: <input type="checkbox"/> INCREASE \$ _____</p> <p><input type="checkbox"/> DECREASE \$ _____</p> |
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**FUNDING:**

EMPLOYMENT DATES: BEGIN \_\_\_/\_\_\_/\_\_\_ END \_\_\_/\_\_\_/\_\_\_ HR ACCOUNT A \_\_\_\_\_  
Sunday Saturday

DEPT NAME \_\_\_\_\_ DEPT ID \_\_\_\_\_ MAIL DROP CODE \_\_\_\_\_

HOURLY RATE \$ \_\_\_\_\_ ENCUMBRANCE AMOUNT \$ \_\_\_\_\_  
DEPT. HEAD/AUTHORIZED DESIGNEE (OR) P.I. SIGNATURE

PREPARED BY \_\_\_\_\_ PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

\*SUMMER WORK STUDY: MAXIMUM ALLOWABLE EARNINGS: \$ \_\_\_\_\_ CWS ACCOUNT # A \_\_\_\_\_

CWS % \_\_\_\_\_ SIGNATURE FINANCIAL AID OFFICER \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

|                                                                                                                                                                                                                                                                                   |
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| <p>(REQUIRED) PLEASE NOTE THIS JOB IS NOT COVERED BY GEO AGREEMENT</p> <p><b>JOB DESCRIPTION:</b></p><br><br><br><br><br><br><br><br><br><br><p>AVERAGE # OF HOURS PER WEEK = _____ DATE ___/___/___</p> <p style="text-align: center;"><b>REQUIRED - STUDENT'S SIGNATURE</b></p> |
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| <p>(Required if different from funding department.)</p> <p><b>STUDENT'S ACADEMIC DEPARTMENT:</b> DEGREE/ PROGRAM _____</p><br><br><p>GRADUATE PROGRAM DIRECTOR _____ DATE ___/___/___</p> <p style="text-align: center;">SIGNATURE</p> |
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GRADUATE SCHOOL APPROVAL \_\_\_\_\_ FICA/OBRA