

# NON-CREDIT INSTRUCTION PERSONNEL ACTION FORM

PAF # \_\_\_\_\_ - \_\_\_\_\_

**APPROVALS**

Department's Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Human Resources' Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 Provost's Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Budget's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**APPOINTMENT DATA**

SCHOOL: _____	10 DIGIT ACCT #: _____ - _____ - <b>711</b>						
SEMESTER: _____	Total Salary for Course	For Payroll Use Only	Course Number	Section	# of Hours	Class Dates	Hourly Rate
ENTER INSTRUCTOR'S NAME							
ENTER SOCIAL SECURITY NUMBER							

ORIGINAL

**IF THE EMPLOYEE IS A NEW HIRE, COMPLETE THE SECTION BELOW.**

(a) ADDRESS/NUMBER STREET		(b) APT. NO	(c) CITY		(d) STATE	(e) ZIP CODE	
(f) SEX		(g) I-9					
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<input type="checkbox"/> CITIZEN <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN					
(h) HIGHEST LEVEL EDUCATION			(i) INSTITUTION			(j) MAJOR	