



Solano Community College Personnel Action Form (PAF)

This form is to be used when there is an **employment change** made to a **regular employee**. Employment change reasons are listed below. Please select the appropriate change and provide an explanation, if necessary.

Name _____ Employee ID # _____

Board Agenda Date _____ (if applicable) Effective Date of Change _____

Current Position # _____

Academic Classified Manager Supervisor Confidential

Type of Employment Change (Use table below for details):

Department Change Supervisor Change
 FTE Change Location Change
 Title Change Change in Assignment
 Leave of Absence Other _____

Explanation _____

CHANGE FROM:	CHANGE TO:

APPROVALS

Dean/Manager _____ Date _____

Vice President _____ Date _____

Superintendent/President _____ Date _____

HUMAN RESOURCES USE ONLY

HR Director _____ Date _____

Processed By _____ Date _____