University of Nevada, Reno
Statewide • Worldwide

Human Resources/Payroll Action Form (PAF)

This is a Human Resources/Payroll document only, and does not constitute a contract or terms of employment.

Prepared By

Name (Last, First MI)

Effective Date

ID

UNR

Campus

Employee Type

Term

SPECIAL CONDITIONS FOR CLASSIFIED EMPLOYEES ONLY:
This box must be checked and initialed upon initial hire and when time limits are renewed.
☐ ____ Employee is not eligible for layoff rights per NAC 284.438.

Vice President

College

Dept Code

Dept Name

Contract Amount

Base Sal

Pos No

Begin Date

End Date

Job Class Code

Job Title

Grade

Step

	Account Number	Earnings Code	Hourly or Pay Amount	% of FTE	Payroll Start Date	Payroll Stop Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Retirement Code

FICA Code

Cert Method

State Hire Date

Pay Progression Date

Appointment Status

FTE %

Pay Rate

Rate Code

COMMENTS: TYPE OF ACTION: (DESCRIBE IN COMMENT SECTION) ☐ New Appointment ☐ Reappointment ☐ Revision ☐ Separation

ACTION CODES:

POSITION CONTROL/BUDGET _____ DATE _____

SUPERVISOR _____ DATE _____

RECOMMENDING AUTHORITY _____ DATE _____

APPOINTING AUTHORITY _____ DATE _____

HUMAN RESOURCES _____ DATE _____

Employee must complete all of the following before this document is accepted by the Nevada System of Higher Education.

I ___ am ___ am not retired under the Public Employees Retirement System (PERS).

I ___ am ___ am not currently required to have a Visa to be employed in the United States. If so, specify Visa Type and Expiration Date _____.

I ___ am ___ am not currently employed by the Nevada System of Higher Education (University of Nevada Las Vegas, University of Nevada Reno, Community College of Southern Nevada, Truckee Meadows Community College, Western Nevada Community College, Great Basin College, Nevada State College, or the Desert Research Institute) on another campus. If so, specify campus and job title below:

_____

I accept all the conditions listed on this document.

EMPLOYEE SIGNATURE _____ DATE _____