

DEPARTMENT OF MILITARY AFFAIRS PERSONNEL ACTION FORM (PAF)

updated 5/10/2018

- **New Employees:** The entire form must be completed. (Employee ID will be provided by DMA Payroll)
- **Current Employees:** Pay changes and personnel actions: complete Sections 1, 4, 5(a) & (b), 6 and 7.
- Route completed, signed form to the Director's Office; **Attn: Linda McKinney**

1. Name:	Employee ID #
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2. New Employee Information

Street Address	City/State	Zip
Mailing Address	City/State	Zip
Birth date (mo/day/yr)	Social Security Number	

3. Employee Status (Must check one box in each column)

<input type="checkbox"/> New Hire	<input type="checkbox"/> Full Time	<input type="checkbox"/> Permanent
<input type="checkbox"/> Transfer	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary (less than 12 months; explain)
Leave Eligibility Dates:	<input type="checkbox"/> Part Time <20 with retirement	<input type="checkbox"/> Short-term Worker (90 working days)
Annual:	<input type="checkbox"/> Part Time <20 without retirement	<input type="checkbox"/> Seasonal
Sick:		

4. Personnel Action – Documentation required

<input type="checkbox"/> Hire-(Application required)	Action Code: _____ Reason Code: _____	<input type="checkbox"/> Demotion – Voluntary <input type="checkbox"/> Demotion - Involuntary	FLSA Overtime/comp time Status: <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt
<input type="checkbox"/> Promotion - Competitive <input type="checkbox"/> Promotion - Career Ladder	<input type="checkbox"/> Temporary Promotion/Training Assignment Begin <input type="checkbox"/> Temporary Promotion/Training Assignment Complete	Termination: <input type="checkbox"/> Retirement <input type="checkbox"/> Career change to non-state position <input type="checkbox"/> Transfer to another agency _____ <input type="checkbox"/> Involuntary <input type="checkbox"/> Reduction in Force (RIF)	
<input type="checkbox"/> Reclassification		<input type="checkbox"/> Market Adjustment	
<input type="checkbox"/> SABHRS Manager Role <input type="checkbox"/> Reports to position #: _____	Task Profile: Pay Location:	Union Member <input type="checkbox"/> Yes <input type="checkbox"/> No	Union: <input type="checkbox"/> 086 MEA-MFT - MYCA <input type="checkbox"/> IBEW – FMO <input type="checkbox"/> 009 MANG Fire Fighters

Explanation:

Effective Date :

Prior Employment with State of Montana? Agency: _____ Dates: _____

5 a. Action Detail

From (position title)	Pay Band	Base Rate*	Position Number
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5 b. Action Detail

To (position title)	Pay Band	Base Rate*	Position Number
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*Base hourly rate does not include longevity pay

6. I acknowledge that I have read and understand all the information on this form.

Employee Signature _____ Date _____

7. Approvals: Supervisor Signature _____ **Date** _____

Division Adm. Signature _____ **Date** _____
Name of Division _____

8. New Employee Hire & Change Approval

HRO Signature _____ Date _____