

**MADISON COUNTY LIBRARY SYSTEM**  
PERSONNEL ACTION FORM (PAF) (MUST BE COMPLETED and APPROVED PRIOR TO ACUTAL START DATE.)

**PERSONAL INFORMATION**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ SSN (New Hire Only) \_\_\_\_\_  
 Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

**JOB STATUS INFORMATION**

Hire/Effective Date \_\_\_\_\_ MCLS Branch \_\_\_\_\_ Job Title \_\_\_\_\_  
 CHANGE TO: \_\_\_\_\_ MCLS Branch/Admin \_\_\_\_\_ Job Title \_\_\_\_\_

HIRE STATUS:  First Hire  Transfer  
 Rehire  Promotion  
 Temporary Hire, not to exceed \_\_\_\_\_ Days/Hours  P/T to Regular  
 Retro back pay to: \_\_\_\_\_ (if applicable)  Other

WORK STATUS:  Full Time (37.5 hour per week)  Part-time (less than 20 hours per week)  
 END PROBATIONARY PERIOD: ACCRUE ANNUAL LEAVE BACK TO \_\_\_\_\_

PAYROLL STATUS:  INCREASE  SAME  
 Current \$ \_\_\_\_\_  Hourly  Salaried Change to: \$ \_\_\_\_\_

WAGE LINE ITEM STATUS: Budgeted from\*:  Grant Funded  General Fund

\*Must total 100% NEW/ADD \_\_\_\_\_ % \_\_\_\_\_ %

**LEAVE OF ABSENCE**

TYPE OF LEAVE: \_\_\_\_\_ Actual last day worked: \_\_\_\_\_ Anticipated RTW date \_\_\_\_\_  
 EXTENDED LOA: Previous RTW Date: \_\_\_\_\_ New Anticipated RTW Date: \_\_\_\_\_  
 RETURN FROM LOA: Actual first day back to work: \_\_\_\_\_

**SEPARATION OF EMPLOYMENT**

\*ACTUAL LAST DATE WORKED \_\_\_\_\_ \*Documentation must be attached.  
 RESIGNATION  PAY OUT ANNUAL LEAVE HOURS  
 RETIREMENT  KEYS RETURNED  
 TEMPORARY HIRE/INTERIM ASSIGNMENT ENDED  COBRA MAILED  
 SEPARATION OF EMPLOYMENT

**APPROVAL**

<b>Office Use Only</b> Initial & Date _____ Position _____ _____ Board Action Required	Employee _____ Date _____	Branch Manager _____ Date _____
	Director _____ Date _____	Business Manager _____ Date _____

Copies To: 1.Business Manager 2.Director 3.Branch Mgr. 4.Employee 5.Administrative Asst.