

PERSONAL ACTION FORM (PAF)

EMPLOYEE DATA

CLASSIFICATION (circle one) Faculty Staff Post Doc

Reason for Termination (check one)

Voluntary Termination	Involuntary Termination
<input type="checkbox"/> Resignation	<input type="checkbox"/> Layoff
<input type="checkbox"/> Retirement	<input type="checkbox"/> Death
<input type="checkbox"/> Completion of written notification of term of employment	<input type="checkbox"/> Termination for Cause/Dismissal
<input type="checkbox"/> Failure to report to work for 3 consecutive days without notice (<i>i.e.</i> no-call, no-show)	<input type="checkbox"/> End of the Inactive Status Period
<input type="checkbox"/> Failure to return from leave within the time allowed by the university leave policies	
<input type="checkbox"/> Declining an offer of employment while on inactive status	

NAME _____ EMPL. ID. # _____

DEPARTMENT _____ TITLE _____

TERMINATION DATE _____ LAST DAY WORKED _____ LAST DAY PAID _____

Is employee eligible for re-employment? _____ If no, state reason _____

CONTACT INFORMATION

REASON FOR TERMINATION _____

HOME ADDRESS _____

FORWARDING ADDRESS _____

OFF CAMPUS EMAIL _____ OFF CAMPUS TEL. NO. _____

VACATION PAYOUT (*Staff Only*)

Total Unused Vacation Hours _____

**Vacation balance in HCM does not reflect current accruals or deductions. Please review the Instructions.
Vacation Balance may be adjusted by the Payroll Office.**

AUTHORIZATIONS

EMPLOYEE SIGNATURE (*if available*) _____ DATE _____

PRINT AUTHORIZED REPRESENTATIVE NAME _____

AUTHORIZED REPRESENTATIVE SIGNATURE _____ DATE _____

HR RECORDS SIGNATURE _____ DATE _____

INSTRUCTIONS FOR SUPERVISORS

1. Supervisor/HRA should be familiar with the university's [Termination of Employment Policy](#) and [Termination of Employment Procedure](#).
2. Supervisor/HRA must complete the Personal Action Form (PAF) for all employees terminating from the university. **Employees who are transferring to another school or department within the university should not complete the PAF.**
3. Email a copy of this form with attachments (if applicable) to the HR Records Office at hrrecords@case.edu or in person in Crawford Hall, Room 320.
4. If the required sections on the Personal Action Form are not completed, the PAF will be returned to the supervisor/department/HRA to correct/complete and re-submit.

INSTRUCTIONS FOR COMPLETING PAF

There are four sections to the PAF: (1) Employee Data; (2) Contact Information; (3) Vacation Payout; and (4) Authorizations. Not all sections are required.

1. **Employee Data Section (required)**
 - Termination date is the date to be entered in HCM as the final date of employment.
 - Last day worked is the last date the employee was physically at work and working.
 - Last day paid is the last day counted towards the amount paid (for example, an employee on paid sick leave who then terminates would have a later date paid than the last day worked).

These dates will often, but not always, be the same date.

 - Attach Letter of Resignation, if available.
 - **If employee is not eligible for re-employment, you must have previously discussed and received approval from Employee Relations**
 - Employees who do not give two weeks' notice are not eligible for rehire.
2. **Contact Information (optional)**
 - Reason for termination – list any additional reason for termination (i.e. new job, going to school, etc.)
 - If Home Address in HCM is not accurate, please contact HR Records by email at HRRecords@case.edu, or update the PAF Form.
3. **Vacation Payout- Staff Only (required)**
 - Calculate the Total Unused Vacation Hours. **Vacation balance in HCM does not reflect current accruals or deductions.**
 - Total Unused Vacation Hours are calculated by viewing the hours listed in HCM, adding any vacation accrual the employee's final month (if the employee worked over the 15th), and deducting any vacation taken in the final month or any overpayment due to the department submitting a PAF after payroll has run.

PLEASE NOTE: If the vacation payout was improperly calculated by the supervisor/HRA, the Payroll Office will adjust the vacation payout.
4. **Authorizations (required)**
 - If the employee is unable to sign the form, the supervisor/HRA should write "unavailable".
 - "Authorized Representative" is typically the direct supervisor. Where the direct supervisor is unavailable, it may also include the school/department HRA, HR Employee Relations Representative (in cases of a termination for cause/dismissal), or Department Assistant (if a designee).

**Final pay will be in the form of a check issued the next normal pay period.
It may be picked up in the Records Office, Crawford Hall, Room 220, on the determined pay date.
If requested by the employee in writing, the final pay can be mailed on the next business day.**