

**PERSONNEL ACTION FORM (PAF)**
**EMPLOYEE DATA**
**CLASSIFICATION** (check one)     Faculty     Staff     Post-Doctoral Scholar/Fellow     Research Scholars

**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 \_\_\_\_\_

ADDRESS (*if different from HCM*) \_\_\_\_\_

**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.**

**SUPERVISOR CERTIFICATION**

Supervisor/Designee \_\_\_\_\_ (*print name*) certifies that they will ensure completion of the [Termination Checklist](#) and all applicable items are completed and/or returned by the employee.

**AUTHORIZATIONS**

EMPLOYEE SIGNATURE (*if available*) \_\_\_\_\_ DATE \_\_\_\_\_

PRINT AUTHORIZED REPRESENTATIVE NAME \_\_\_\_\_

AUTHORIZED REPRESENTATIVE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HR RECORDS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE SEE BACK OF FORM FOR INSTRUCTIONS**

## INSTRUCTIONS FOR SUPERVISORS

1. Supervisor/HRA should review the university's [Termination of Employment Policy](#) and [Termination of Employment Procedure](#).
2. Supervisor/HRA must complete the Personnel Action Form (PAF) for all employees terminating from the university. This includes certifying the [Termination Checklist](#) items were completed. **Employees who are transferring to another school or department within the university should not complete the PAF, but supervisors should still review the Termination Checklist to ensure all Department items are returned.**
3. Email a copy of this form with attachments (if applicable) to the HR Records Office at [hrrecords@case.edu](mailto:hrrecords@case.edu) or in person in Crawford Hall, Room 320.
4. If the required sections on the Personnel Action Form are not completed, including the Termination Checklist Certification by the supervisor or representative, the PAF will be returned to the supervisor/department/HRA to correct/complete and re-submit.
5. **If the terminating employee supervises other employees**, the HRA must contact HR Records by email at [HRRecords@case.edu](mailto:HRRecords@case.edu) to update the supervisor identified in HCM.

## 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 desired.
- If Home Address in HCM is not accurate, please contact HR Records by email at [HRRecords@case.edu](mailto: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 15<sup>th</sup>), 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. The Payroll Office's calculations of the vacation payout is the university's official calculation.**

### 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), Department Assistant, or other designee.

**Final pay will be direct deposited to the bank account listed in HCM.**

**If you prefer a live check, you must contact the Records Office at [HRRecords@case.edu](mailto:HRRecords@case.edu) prior to the [payroll run date](#).**

The check will be available on the next pay date in the Records Office, Crawford Hall, Room 220, or can be mailed out the next business day following the pay date to the address on record in HCM.