

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

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 Personnel 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](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, 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](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.**

### 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.**