

**DEPARTMENT OF HUMAN RESOURCES  
PERSONNEL ACTION FORM  
XX – AU AFFILIATED EMPLOYEE**

BANNER ID: \_\_\_\_\_ NAME: \_\_\_\_\_

HOME DEPT NUMBER & DESCRIPTION:

\_\_\_\_\_

CHECK DIST NUMBER & DESCRIPTION:

\_\_\_\_\_

DISTRICT OR DIVISION: 999 AU AFFILIATED

BEGIN DATE: \_\_\_\_\_

LOCATION NUMBER & DESCRIPTION:

\_\_\_\_\_

CAMPUS:       A – MAIN CAMPUS - Auburn  
                  O – OFF CAMPUS

APPROVALS:

DEPARTMENT: \_\_\_\_\_

PROVOST OFFICE: \_\_\_\_\_

THIS PAF WAS PREPARED BY: (GID) \_\_\_\_\_ PHONE #: \_\_\_\_\_