

UPPER BUCKS COUNTY TECHNICAL SCHOOL
PERSONNEL ACTION FORM (PAF)

- A Personnel Action Form (PAF) must be completed for all employee actions as indicated below:
 - ✓ HR will complete this form for most employee actions.
 - ✓ Immediate Supervisor of the employee will complete this form for reclassification, schedule changes or additional assignments of employees.
- Immediate Supervisor shall be responsible for completing the schedule section on the reverse side of the PAF, indicating days and hours to be worked and communicating the schedule to the employee.
- Send the completed PAF to the Executive Director or Human Resources Manager.
- Executive Director will distribute the PAF to: Human Resources Manager, or Business Office.
- The original will be maintained in the employee's personnel file.

_____ New Hire	_____ Paid Leave of Absence*	_____ Reclassification
_____ Resignation	_____ Unpaid Leave of Absence*	_____ Additional Assignment
_____ Termination	_____ Sabbatical Leave*	_____ Other

* Has the employee requested to take a Family Medical Leave during this absence: ☐ Yes ☐ No

ALL OF PAGE 1 MUST BE COMPLETED BY NEW EMPLOYEES & SIGN PAGE 2

Employee's Name: _____ Title (*circle one*) Dr/ Miss/ Ms/ Mrs/ Mr

_____ Street Address

_____ City _____ State _____ Zip _____ Social Security # _____

_____ Gender _____ Date of Birth _____ Marital Status (Single/Married) _____

_____ Home Phone Number

_____ Cell Phone Number

State PPID Number (Teachers and Administrators): _____

Ethnicity:

- ☐ American Indian/Alaskan Native (Non-Hispanic)

☐ Asian

☐ Black (Non-Hispanic)

☐ Hispanic

☐ White (Non-Hispanic)

☐ Native Hawaiian or Other Pacific Islander (Non-Hispanic)

Driver's License Information:

If Employee will drive UBCTS vehicle, a copy of Driver's License must be on file.

Copy of Driver's License Provided:

____ Yes ____ No

Total Number of Years' Experience in Education:

_____ (Total all Other Educational Employers)

_____ (Total at UBCTS)

Highest Degree Earned:

- ☐ Less than High School

☐ High School Equivalency (GED)

☐ High School

☐ Some College but no Degree

☐ Associates

☐ Vocational Certification

☐ Bachelors

☐ Masters

☐ Doctoral (Ph.D. or Ed.D.)

☐ Specialist's (Ed.S.)

***A copy of your certification MUST
be provided for our files.***

Highest Instructional Certification Earned:

- ☐ Intern

☐ Vocational I

☐ Vocational II

☐ Instructional I

☐ Instructional II

***A copy of your certification MUST
be provided for our files.***

Job Position/Title: _____

Title

Department

Former Position/Title at UBCTS: _____

(if applicable)

Title

Department

Type of Contract: ☐ Teacher ☐ Support Staff ☐ Administration ☐ None

Teachers:

Salary Step/Level: _____ Salary Rate: _____

Non-Exempt Status Employee:

Probationary Period Rate: _____

Hourly Rate after Probationary Period: _____

Exempt Status Employee:

Salary: _____

Student Employee:

Hourly Rate: _____

Are federal monies being used for this position?

____ No ____ Yes*

*If Yes - which project?

Status 1:

- ☐ Full-time
☐ Part-time
☐ Daily Substitute
☐ Long-Term Substitute
☐ Student

Status 2:

- ☐ Permanent
☐ Temporary
☐ Annual
☐ Summer

Benefits:

- ☐ No
☐ Yes*

* If Yes - Date Benefits Begin: _____

Fill Out Applicable Area:

Employment Start Date: _____ Board Approval Date: _____

Resignation Date: _____ Board Approval Date: _____

Date Leave Started: _____ Board Approval Date: _____

Comments: _____

Work Schedule: To Be Completed by Immediate Supervisor and reviewed with employee.

☐ Check Box if hours are per Teachers Contract

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
Total-		Total-		Total-		Total-		Total-		Total-		Total-	

SIGNATURE: _____ DATE: _____

Employee

SIGNATURE: _____ DATE: _____

Superintendent of Record, Executive Director, or Human Resources Manager