

**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, Business Manager, and employee.
- 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:

<input type="checkbox"/> American Indian/Alaskan Native (Non Hispanic) <input type="checkbox"/> Asian <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Non-Hispanic)
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Driver's License Information:

<p>If Employee will drive UBCTS vehicle, a copy of Driver's License must be on file.</p> <p>Copy of Driver's License Provided: ___ Yes ___ No</p>

Total Number of Years Experience in Education:
 _____ (Total all Other Educational Employers)
 _____ (Total at UBCTS)

Highest Degree Earned:

<input type="checkbox"/> Less than High School <input type="checkbox"/> High School Equivalency (GED) <input type="checkbox"/> High School <input type="checkbox"/> Some College but no Degree <input type="checkbox"/> Associates <input type="checkbox"/> Vocational Certification <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral (Ph.D. or Ed.D.) <input type="checkbox"/> Specialist's (Ed.S.)
<p><i>A copy of your certification MUST be provided for our files.</i></p>

Highest Instructional Certification Earned:

<input type="checkbox"/> Intern <input type="checkbox"/> Vocational I <input type="checkbox"/> Vocational II <input type="checkbox"/> Instructional I <input type="checkbox"/> Instructional II
<p><i>A copy of your certification MUST be provided for our files.</i></p>

