

**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  
☐ Career and Technical 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  
☐ Career and Technical I  
☐ Career and Technical 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: \_\_\_\_\_

- ☐ Health Insurance Plan \_\_\_\_\_  
☐ Opt Out of Health Insurance \_\_\_\_\_  
☐ Vol. Life & AD&D Insurance for Emp \_\_\_\_\_  
☐ Vol. Life Insurance for Spouse \_\_\_\_\_  
☐ Vol. Life Insurance for Child(ren) \_\_\_\_\_

**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