Personnel Action Form (PAF) – Overview

The current GISD Personnel Action Form (paper form) is being replaced with the Online Personnel Action Form (PAF). Laserfiche Online forms allow for users to complete and submit forms online.

Once a PAF online form is submitted, it will automatically be routed as a “task” through the Human Resources department; the PAF will continue to be assigned to the next HR team member as each step is completed. Since the form is routed automatically to HR, you will not need to print the form and send to HR.

The Personnel Action Form “task” is initiated when a form is completed by the Manager or Human Resources staff for the following personnel actions:

- New Hire
- Rehire
- Salary Adjustment (HR only)
- Days Change (HR only)
- FTE/Hours Change
- Assignment Change
- Transfer (Receiving Campus Completes)
- Auxiliary Sub to Full Time
- Auxiliary Full Time to Sub
- Account Code Adjustment
- Separation

“Task” steps for the PAF in Human Resources include:

- HR – Initial Review
- HR – Certification (certifications verified)
- HR – Processing & Background (fingerprinting, paperwork collected)
- HR – Salary Processing
- Payroll

Steps below will give an overview of the online PAF and outline how to complete it.
Personnel Action Form (PAF) Online Laserfiche Forms – The Basic Information

1. **Campus and Department users** will access the Online PAF form from the link on the GISD Human Resources FILES & FORMS webpage under the Personnel Forms section.

   Navigate to GISD Website > Departments > Human Resources > FILES & FORMS

   Click on the Personnel Action Form link.

2. The Personnel Action Form will open.

   **If an item on the form is required to be completed** the font color of the field description will be **RED**.

3. **Dependent upon the type of personnel action requested**, additional sections will open up with fields to be completed.
4. Some of the fields will have default values in them. **Verify that the default values are correct.**

5. **If a section is closed**, you can open it up by clicking on the arrow on the right hand side of the same line as the section header.

6. After completing the form, the **submitter will be required to sign the form** by typing in their Full Name and Employee ID and checking the Accept box.

7. If you would like to be notified when HR has completed processing the PAF, enter your complete Georgetown ISD email address.

8. After the form is completed and signed, **click Submit** to submit the form to HR.

9. **If any required fields have not been completed**, the form will **not submit** but will return to the PAF for the field(s) to be completed.

**DO NOT EMAIL or INTERCAMPUS MAIL the form to the Human Resources Department.** By submitting the form, it has already been sent to HR.
10. After a form has been submitted you will see a window showing that the form is being submitted.

11. A page will then open showing the completed PAF and you will have the options to Save, Print, or Email the form for your records.

**DO NOT EMAIL or INTERCAMPUS MAIL the form to the Human Resources Department.** By submitting the form, it has already been sent to HR.

12. **If you have another PAF to submit**, you can click the link on this page to start the new form.

13. If you included your email address when submitting the PAF, you will receive an email with the following information when the PAF has been completed by the Human Resources Department.

Subject: Personnel Action Form – Type of Action - for Employee Name

The following Personnel Action Form has been processed by Human Resources and submitted to Payroll processing:

- **Employee Name:**
- **Position/Title:**
- **Campus/Department:**
- **Employee Type:**
- **Type of Personnel Action:**
- **Effective Date: (if Separation, Separation Effective Date):**
- **Date Processed:**
- **Final Approver:**

Please contact Human Resources if you have any questions.

Georgetown ISD Human Resources Department
512-943-5000 x. 6030
PAF - New Hire / Rehire / Auxiliary Sub to Full Time

Personnel Action Form

Employee ID/SSN  Employee Last Name*  Employee First Name*  Employee Department/Campus*

Supervisor/Administrator Recommendation

Type of personnel action requested*
- New Hire
- Other Change (PT Only)
- Transfer (Reassign Campus/Department)
- Separation
- Salary Adjustment (HR Only)
- Assignment Change
- Auxiliary Sub to Full Time
- Auxiliary Full Time to Sub

Employee Type*
- Regular
- Substitute: Regular
- Substitute: Supplementary/Temporary
- Contracted Services
- Custodial Services

Position Information

New/Existing Position Title*  New/Existing Campus/Department*  % of Day Employed  Effective Date*

Instructional Position*  Induction Year*  Name of mentor teacher*
- Yes
- No

Information on Employee Being Replaced or Transferred

Transfer Staff will be completed by closing campus. No Separation Report required by sending campus.

Replaced Employee Status*

Work References

The references listed below have been checked and a recommendation to employ is made.

Name*  Title*  Employer*

1
2
3

Add Work Reference

Other Applicants Interviewed

Name*

1
2
3

Add Applicant Interviewed

Human Resources (HR Use Only)

Submitter's Acceptance & Digital Signature

By selecting the "I Accept" button and entering my legal full name, I am providing my electronic signature which indicates my consent and understanding of this information. I understand and agree that my electronic signature is the legal equivalent of my manual signature on this form, carries the same force and effect as my written signature, and represents that all the information contained in this form is accurate.

Date  Full Name*  Employee ID*  Accept*

Submitter's Email

Enter your ID email if you wish to receive communication when HR has completed processing.

Submit
PAF - New Hire / Rehire / Auxiliary Sub to Full Time

* = required, ** = shows only for Regular Employee

Manager completes –

Supervisor/Administrator Recommendation
- Employee ID/SSN
- *Employee Last Name
- *Employee First Name (Legal First Name, i.e. Jacqueline not Jackie)
- *Employee Department/Campus
- *Type of personnel action requested
- *Employee Type (choose Regular, Substitute, or Summer/Temporary)
- *If Substitute (choose sub type Teacher/Campus Staff, Transportation, Nutrition Services, or Custodial Services)

Position Information
- *New Position Title
- *New Campus/Department
- % of Day Employed
- *Effective Date
- **Instructional Position (Y/N)
- **If Instructional Position then also - Induction Year Teacher (Y/N)
- **If Induction Year Teacher Y then also – Name of mentor teacher

**Information on Employee Being Replaced or Transferred
- *Replaced Employee Status (Transferred, Separated, or New Position)
- Replaced Employee’s ID/SSN
- Replaced Employee’s Name (Last, First)
- Replaced Employee transferred to
  (OR)
  Replaced Employee completed separation form completed (Y/N)

*/**Work References (min 3; max 10)
- *Work Reference Name
- *Work Reference Title
- *Work Reference Employer

*/**Other Applicants Interviewed (min 3; max 10)
- *Other Applicants Interviewed Names

Submitter’s Acceptance & Digital Signature
- *Date
- *Submitter’s Full Name
- *Submitter’s Employee ID
- *Submitter’s Digital Signature Acceptance (checkbox)
- Submitter’s Georgetown ISD Email

Sign and Click Submit. Form will automatically be forwarded to HR
PAF – Assignment Change / Transfer

Personnel Action Form
http://www.georgetownisd.org • 603 Lakeside Drive • Georgetown, Texas 78626 • (512) 943-0000

Employee ID/SM
Employee Last Name
Employee First Name
Employee Department/Campus

Supervisor/Administrator Recommendation

Type of personnel action requested
- New Hire
- Relocate
- Salary Adjustment (HR Only)
- FTE/Hour Change
- Assignment Change

Transfer (Revolving Campus Completed)
- Auxiliary Sub to Full Time
- Auxiliary Full Time to Sub
- Account Code Adjustment
- Separation

Employee Type
- Regular

Position Information

Current Campus/Location
Current Assignment

New/Existing Position Title
New/Existing Campus/Department
% of Day Employed
Effective Date

Instructional Position
- Yes
- No

Induction Year Teacher
- Yes
- No

Name of mentor teacher

Information on Employee Being Replaced or Transferred

Transferred
Separated
Replaced Employee Status

Replaced Employee’s ID
Replaced Employee’s Name
Transfer To

Other Applicants Interviewed

Name
1
2
3
Add Applicant Interviewed

Human Resources (HR Only)

Submitter’s Acceptance & Digital Signature

By selecting the “I Accept” button and entering my legal full name, I am providing my electronic signature which indicates my receipt and understanding of this information. I understand and agree that my electronic signature is the legal equivalent of my manual signature on this form, carries the same force and effect as my written signature, and I represent that all the information contained in this form is accurate.

Date
Full Name
Employee ID
Accept

Submit

Submitted By
Enter your 4-digit ID if you wish to receive communication when HR has completed processing.

Submit
PAF – Assignment Change / Transfer

Manager completes –

Supervisor/Administrator Recommendation
- Employee ID/SSN
- *Employee Last Name
- *Employee First Name (Legal First Name, i.e. Jacqueline not Jackie)
- *Employee Department/Campus
- *Type of personnel action requested
- *Employee Type (choose Regular, Substitute, Contracted Services, or Summer/Temporary)
- *If Substitute (choose sub type Teacher/Campus Staff, Transportation, Nutrition Services, or Custodial Services)

Position Information
- *Current Campus/Location (campus employee is transferring from)
- *Current Assignment (assignment employee has at campus they are transferring from)
- *New Position Title
- *New Campus/Department
- % of Day Employed
- *Effective Date
- **Instructional Position (Y/N)
- **If Instructional Position then also - Induction Year Teacher (Y/N)
- **If Induction Year Teacher Y then also – Name of mentor teacher

Information on Employee Being Replaced or Transferred
- *Replaced Employee Status (Transferred, Separated, New Position)
- *Replaced Employee ID (for Transferred or Separated)
- *Replaced Employee Name (for Transferred or Separated)
- *Transferred to Y/N (for Transferred)
  OR
- *Completed Separation Form Y/N (for Separated Employees)

Other Applicants Interviewed
- *Other Applicants Interviewed Names

Submitter’s Acceptance & Digital Signature
- *Date
- *Submitter’s Full Name
- *Submitter’s Employee ID
- *Submitter’s Digital Signature Acceptance (checkbox)
- Submitter’s Email

Sign and Click Submit. Form will automatically be forwarded to HR
PSF – Personnel Separation Form

Manager completes –

Supervisor/Administrator Recommendation

- Employee ID/SSN
- *Employee Last Name
- *Employee First Name (Legal First Name, i.e. Jacqueline not Jackie)
- *Employee Department/Campus
- *Type of personnel action requested (Separation)
- *Employee Type (Regular, Substitute, Summer/Temporary)

Position Information

- *New/Existing Position Title
- *New/Existing Campus/Department
- % of Day Employed
- *Effective Date

Separation Information

- *Address
- *City
- *State
- *Zip Code
- Personal Phone #
- *GISD Email Address
- Personal Email Address
- *Effective Separation Date
- Separation Letter Received checkbox
- *Reason for Separation (Select from choices)
- Check boxes for district property to receive on or before actual last day

Submitter’s Acceptance & Digital Signature

- *Date
- *Submitter’s Full Name
- *Submitter’s Employee ID
- *Submitter’s Digital Signature Acceptance (checkbox)
- Submitter’s Email

Sign and Click Submit. Form will automatically be forwarded to HR.
Manager completes –

**Supervisor/Administrator Recommendation**
- Employee ID/SSN
- *Employee Last Name
- *Employee First Name (Legal First Name, i.e. Jacqueline not Jackie)
- *Employee Department/Campus
- *Type of personnel action requested
- *Employee Type (Regular, Substitute, Summer/Temporary)

**Position Information**
- *New Position Title
- *New Campus/Department
- % of Day Employed
- *Effective Date
- **Instructional Position (Y/N)**
- **If Instructional Position then also - Induction Year Teacher (Y/N)**
- **If Induction Year Teacher Y then also – Name of mentor teacher**

**Submitter’s Acceptance & Digital Signature**
- *Date
- *Submitter’s Full Name
- *Submitter’s Employee ID
- *Submitter’s Digital Signature Acceptance (checkbox)
-Submitter’s Email

*Sign and Click Submit. Form will automatically be forwarded to HR*