



Personnel Action Form (PAF)

Laserfiche Online Forms – Campus/Dept User

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.

The screenshot shows the Georgetown ISD website interface. At the top, there is a navigation bar with 'District Home', 'Select a School...', and 'Translate This Site'. Below this is the Georgetown ISD logo and tagline: 'Home of the most inspired students, served by the most empowered leaders...'. A secondary navigation bar includes 'District Info', 'Schools', 'Departments', 'Careers & Volunteers', 'Parents', 'Staff', and 'Students'. The 'Departments' menu is expanded, showing a list of categories including 'FILES & FORMS'. Under 'FILES & FORMS', there is a 'More' button and a list of links: 'Personnel Forms', 'Change of Address', 'Exit Interview Survey', 'ParaProfessional Appraisal Form', 'PDAS Appraisal Calendar', and 'Personnel Action Form'. The 'Personnel Action Form' link is circled in red. Below the link, it says 'PAF 10-14 1.pdf 604.64 KB (Last Modified on August 20, 2015)'. Red arrows point from the text in the left column to the 'Departments' menu and 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.

The screenshot shows the 'Personnel Action Form' interface. At the top, it says 'Personnel Action Form' and provides the URL 'http://www.georgetownisd.org' and contact information: '603 Lakeway Drive • Georgetown, Texas 78628 • (512) 943-5000'. Below this are four input fields: 'Employee ID/SSN', 'Employee Last Name*', 'Employee First Name*', and 'Employee Department/Campus*'. The asterisks indicate required fields. Below these fields is a section for 'Supervisor/Administrator Recommendation'. Underneath is a section for 'Type of personnel action requested*' with several radio button options: 'New Hire', 'Days Change (HR Only)', 'Transfer (Receiving Campus Completes)', 'Account Code Adjustment', 'Rehire', 'FTE/Hours Change', 'Auxiliary Sub to Full Time', 'Separation', 'Salary Adjustment (HR Only)', 'Assignment Change', and 'Auxiliary Full Time to Sub'. At the bottom is a 'Submit' button.

4. Some of the fields will have default values in them. **Verify that the default values are correct.**

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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.

Personnel Action Form
http://www.georgetownisd.org • 603 Lakeway Drive • Georgetown, Texas 78628 • (512) 943-5000

Employee ID/SSN Employee Last Name* Employee First Name* Employee Department/Campus*
Please fill out this field. Please fill out this field. Please fill out this field.

Supervisor/Administrator Recommendation

Type of personnel action requested*

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

Employee Type*
Regular

Position Information

Information on Employee Being Replaced or Transferred
Transfer PAF will be completed by receiving campus. No Separation Report is required by exiting campus.

Replaced Employee Status*

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

Other Applicants Interviewed

Human Resources (HR Use Only)

Submitter's Acceptance & Digital Signature

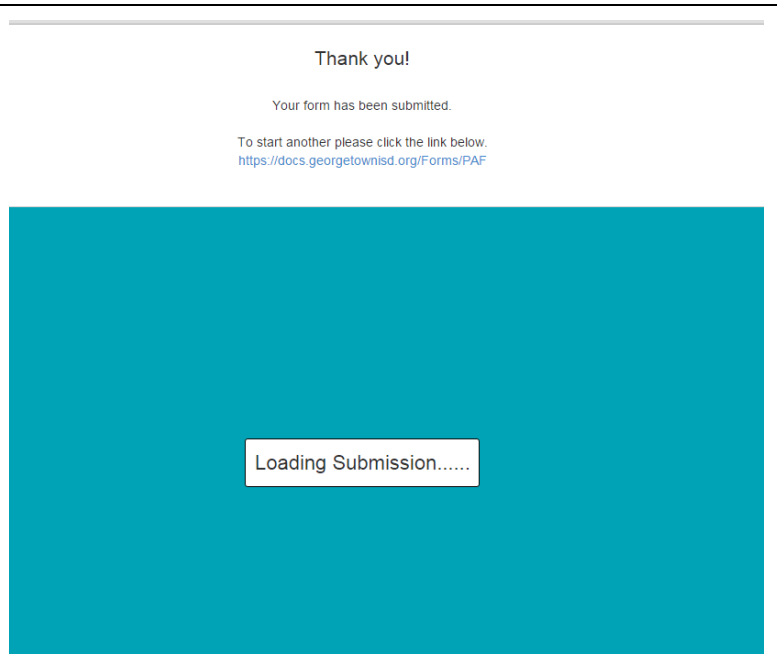
By selecting the "I Accept" button and entering my legal full name, I am providing my electronic signature which indicates my receipt and understanding of this information. I understand and agree that my electronic signature is the legal equivalent of my manual signature on this form, carries the same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

Date: 3/23/2016 Full Name* Employee ID* Accept*
Accept

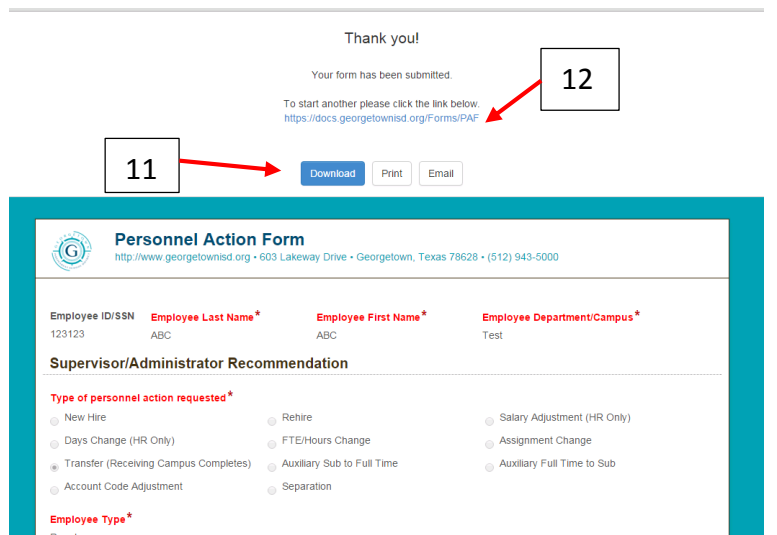
Submitter's Email
Enter your ISD email if you wish to receive communication when HR has completed processing.

Submit

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

http://www.georgetownisd.org • 603 Lakeway Drive • Georgetown, Texas 78626 • (512) 943-5000

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

Supervisor/Administrator Recommendation

Type of personnel action requested*

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

Employee Type*

Regular

Position Information

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

Transfer PAF will be completed by receiving campus. No Separation Report is required by exiting campus.

Replaced Employee Status*

Work References

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

	Name*	Title*	Employer*
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

[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 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*

Submitter's Email

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

Employee Type*

Regular

Regular

Substitute

Summer/Temporary

Contracted Services

Substitute Type

Teacher/Campus Staff

Teacher/Campus Staff

Transportation

Nutrition Services

Custodial Services

Replaced Employee Status*

Transferred

Separated

New Position

Replaced Employee Status*

Transferred

Replaced Employee's ID

Replaced Employee's Name

Transfer To

Replaced Employee Status*

Separated

Replaced Employee's ID

Replaced Employee's Name

Completed Separation Form

Yes

No

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 Lakeway Drive • Georgetown, Texas 78628 • (512) 943-5000

Employee ID/SSN

Employee Last Name*

Employee First Name*

Employee Department/Campus*

Supervisor/Administrator Recommendation

Type of personnel action requested *

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

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*

Induction Year Teacher*

Name of mentor teacher*

Yes No

Yes No

Information on Employee Being Replaced or Transferred

Transfer PAF will be completed by receiving campus. No Separation Report is required by exiting campus.

Replaced Employee Status*

Replaced Employee's ID

Replaced Employee's Name

Transfer To

Transferred

(Last Name, First Name)

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 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*

3/28/2016

Accept

Submitter's Email

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

Submit

Replaced Employee Status *

Transferred

Replaced Employee Status *

Transferred

Replaced Employee's ID

Replaced Employee's Name

Last Name, First Name

Transfer To

Replaced Employee Status *

Separated

Replaced Employee's ID

Replaced Employee's Name

Last Name, First Name

Completed Separation Form

Yes

PAF – Assignment Change / Transfer

*= required, **=show 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, 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



Personnel Action Form

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

Supervisor/Administrator Recommendation

Type of personnel action requested*

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

Employee Type*

Regular

Position Information



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

Separation

To be completed by Supervisor/Administrator



Address* City* State* Zip Code* Personal Phone #

GISD Email Address* Personal Email Address Effective Separation Date* Received

mm/dd/yyyy

Reason for Separation*

Arrangements have been made to receive all district property on or before actual last day

- Keys
- iPad/Tablet (and associated cords/equipment)
- Uniforms
- Badge
- Laptop (and associated cords/equipment)
- Other
- Cellular Phone/Pager
- Pager

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 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*

Submitter's Email

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

Submit

Reason for Separation*

- Better Pay
- Personal Reasons
- Return to School
- Better Working Conditions
- Retirement
- Accepted Another Job
- Relocation
- Termination
- Family/Domestic Reasons
- Health Reason
- Other

Reason for Separation* **Termination***

PSF – Personnel Separation Form

*= required, **=show 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 (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.

PAF PAF – FTE / Hours Change

*= required, **=show 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 (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