

Form 20

# Kapi'olani Community College

## Personnel Action Form (PAF)

### Casual/Overload/Lecturer Appointment

Date: \_\_\_\_\_ Semester: \_\_\_\_\_ Warrant Distribution Code: \_\_\_\_\_

Department EAC #: \_\_\_\_\_ Department Name: \_\_\_\_\_

Supervisor ID#: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Contact ID#: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Hire Net #: \_\_\_\_\_ Number of Positions Available: \_\_\_\_\_

Hire Net Ad to Run: \_\_\_\_\_ to \_\_\_\_\_

Casual  Rehire  New Hire  Lecturer \_\_\_\_\_

Overload (Select the Rank and Attach Workload Commitment Form) \_\_\_\_\_

Please "X" this box if this is a revision and circle revision #. (Revision 1 2 3 4)

Reason for Revision

Name (Last, First, MI) \_\_\_\_\_ Title : \_\_\_\_\_

Incumbent Name (Last, First, MI) \_\_\_\_\_ Title: \_\_\_\_\_

Account Code: \_\_\_\_\_

Appointment Period From: \_\_\_\_\_ Appointment Period To: \_\_\_\_\_

Number of Hours: Per Week: \_\_\_\_\_ Credit Total: \_\_\_\_\_ TE Total: \_\_\_\_\_

Rate of Pay:

Per Hour \$ \_\_\_\_\_ Max per hour \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Flat Fee \$ \_\_\_\_\_ Semester \$ \_\_\_\_\_

**How was pay rate determined?**

*(Primary position information is needed for Overload)*

Campus Code: \_\_\_\_\_ Postion: \_\_\_\_\_

FTE: \_\_\_\_\_ Rank/Step \_\_\_\_\_

**Section 1: Requested by:**

Account Code & Percentage	Course Title	Course Number	Dates Beg to End	Day / Time	TE/ Credits	Hour/ Amount	Cancel

