

Student Personnel Action Form

GEORGIA COLLEGE

Today's Date: mm/dd/yy

Department	Campus Box	Fund Source: Department #	Student Job Title	Manager Name	Timecard Approver (if different from Manager)	

Student Information													
Student Name			ADP ID	# Credit			Rate of		Time Entry	Has another	Req. Back- ground	Req.	Bobcat Email If student requires additional GCSU
(Last, First, Mid)	Purpose of PAF	GCID	(if rehire)	Hours	Start Date	End Date	Pay	Freq.	Method	GC job	Check		email, contact SERVE.
										□Yes	□Yes	□Yes	
										□Yes	□Yes	□Yes	
										□Yes	□Yes	□Yes	
										□Yes	□Yes	□Yes	
										□Yes	□Yes	□Yes	
										□Yes	□Yes	□Yes	
										□Yes	□Yes	□Yes	
										□Yes	□Yes	□Yes	
										□Yes	□Yes	□Yes	
										□Yes	□Yes	□Yes	
										□Yes	□Yes	□Yes	
										□Yes	□Yes	□Yes	
										□Yes	□Yes	□Yes	
										□Yes	□Yes	□Yes	

	HR Use Only		Budget Use Only			
Department Head/Hiring Authority:	Date:	Pay Group:		Position #:		
Next Level Approving Authority:	Date:	Job Code:		Payroll Dist:		
Grants/Special Projects (when applicable):	Date:	Approved By:	Date:	Approved By:	Date:	

Approval Workflow: Type your name and date. Click Submit button at top of form to send form to employment@gcsu.edu. If next level approval is needed, forward form to approver as email attachment. Next Level Approver will type his name and submit to employment@gcsu.edu.