

**SUTTER COUNTY SUPERINTENDENT OF SCHOOLS
PERSONNEL ACTION FORM (PAF)**

For Budget Code Changes to Personnel Only

REVISED DATA ON EXISTING EMPLOYEE

Unrepresented Certificated
 Confidential
 Management
 CTA
 CSEA

Employee Name:	Employee ID #:
Position: <i>(Authorized Title)</i>	Department:
Effective Date:	PC#:

Budget Codes:	% in each account	Begin Date	End Date
Percentage Total:			

PC Change Effective Date:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 5px;">Requesting Accountant</td> <td style="width:20%; padding: 5px;">Date</td> </tr> </table>	Requesting Accountant	Date
Requesting Accountant	Date		

Comments: *(Special Instructions or Information)* _____

AUTHORIZED SIGNATURES:

Program Administrator _____ Date _____	Business Services _____ Date _____
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