



Rhode Island College Office of Student Employment

Personal Action Form (PAF)

STUDENT INFORMATION – to be filled in and signed by student

Student name: _____ RIC student ID #: _____
 New job title: _____ New rate of pay: _____
 Department: _____ Department #: _____

Pay Rate or Title Change

Current job description for new pay rate/title **must be on file** with Office of Student Employment /Career Development Center.

Current rate of pay: _____ Date of last past increase: _____
 (mm/dd/yyyy)
 New rate of pay: _____ Effective date of change: _____
 (mm/dd/yyyy)
 Current job title: _____
 New job title: _____

Position Funding Change- Please check appropriate boxes below.

- Currently on Department funds, transfer to Work-Study
- Currently on Work Study, transfer to Department funds

Please note: All changes will take effect at the beginning of the next pay period.

Authorized signature: _____ Date: _____
 (mm/dd/yyyy)

PAYROLL OFFICE/CDC USE ONLY

Signature Payroll Office: _____ Date entered in PeopleSoft: _____