



## STUDENT PERSONNEL ACTION FORM (SPAF)

Forward completed SPAF to the Office of Human Resources

<b>SECTION 1</b>	<b>STUDENT INFORMATION</b>
	Last Name: _____ First Name: _____ Middle Initial: _____
	Check Address: _____
	Email: _____ Phone #: _____

<b>SECTION 2</b>	<b>POSITION INFORMATION</b>
	Hiring Department: _____ Supervisor Name: _____
	Timesheet Approver (if different from supervisor): _____
	Student Position Title: _____ Hours per week: _____ Hourly Wage: _____

<b>SECTION 3</b>	<b>ACTION TYPE</b>
	*Tentative Action Effective Date: _____ Anticipated End Date: _____
	New Hire      Re-appointment      Pay rate change      Termination due to graduation/withdrawal
	Voluntary termination      Involuntary termination
	*Tentative start date pending completion of all required paperwork.

<b>SECTION 4</b>	<b>FUNDING SOURCE</b>
	This student is being appointed to a FWS position and will be paid from Federal Work Study Funds
	This student is being paid as a 599 employee from departmental funds* _____ Account Information
*Only if they are out of FWS funds or not eligible for FWS funds.	

<b>SECTION 5</b>	<b>APPROVALS/SIGNATURES</b>
	New hires or rehires who have not worked for the College in the last year (from the date of hire), must provide eligibility to work documents to HR within 3 days of hire date to be cleared to work. The Student Personnel Action Form (SPAF) form is NOT a contract between the student and Clatsop Community College. If employment ends, department MUST consult with HR PRIOR to termination.
	_____ Supervisor Printed Name      _____ Supervisor Signature      _____ Date

<b>SECTION 6</b>	<b>HR ONLY</b>
	FWS Maximum Earnings \$: _____ Maximum hours per week: _____ Start Date: _____ End Date: _____
	Current Student: <input type="checkbox"/> Yes <input type="checkbox"/> No      Copy sent to Payroll: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Comments/Notes: