

**UNIVERSITY OF VIRGINIA
Position Action Form (PAF)**

The PAF is used to establish, modify, or abolish Student, Faculty, and Professional Research Staff (PRS) wage positions. All positions must be established and all changes to existing positions must be submitted and processed **before** any hire transaction can be processed.

Submit the completed PAF to University Human Resources Consulting Services (HRCS), 918 Emmet Street or via fax at 434.924.3156. For further assistance with the PAF, call HRCS at 434.924.6371. For further assistance with Jobs@UVA for Staff, Administrative and Professional Faculty or Professional Research Staff requests, call the HR Consultant assigned to your school/unit.

All salaried or wage staff (including UVA Temps), Administrative & Professional Faculty, Professional Research Staff, Clinical Faculty and Teaching and Research Faculty positions must be established, modified, or abolished using Jobs@UVA.

**Note: Incomplete documentation may result in forms being returned and/or may delay the timely processing of this request*

I. SCHOOL/UNIT INFORMATION

Organization: _____	Organization Code: _____
Contact Name: _____	Date: _____
Phone: _____	E-mail: _____

II. REASON FOR REQUEST

<p><input type="checkbox"/> Wage</p> <p><input type="checkbox"/> Student Wage</p> <p><input type="checkbox"/> PRS Wage</p> <p>Proposed Effective Date: _____</p> <p>Type of Request <i>(select one):</i></p> <p><input type="checkbox"/> Establish</p> <p><input type="checkbox"/> Abolishment</p> <p><input type="checkbox"/> Position Attribute Change(s)</p> <p><input type="checkbox"/> Other _____</p>

III. POSITION ATTRIBUTES FOR REQUESTED POSITION

A position attribute is a position characteristic.

ATTRIBUTES	CURRENT	NEW OR CHANGE
	<i>Applies to attributes of the current position</i>	<i>Applies to attributes of a new position or changes to the current position</i>
Organization Code		
Job Title		
Work Title		
Location of position		
Number of working hours per week		
Number of months per year <i>(Either 9, 10, 11, or 12)</i>		
End date of position		
*Health Care License Required? YES or NO		
*Drug Testing Required? YES or NO		
*Telecommuting Approved? YES or NO		
*Alternate Work Schedule Eligible? YES or NO		

**Required for all position types.*

IV. POSITION AND EMPLOYEE INFORMATION

Please provide the **position number, employee name and employee number** for these types of requests: **Position Attribute Change(s), and Abolishment.**

Position# _____ Employee Name/Employee Number: _____
(If vacant, please write "vacant")

Note: if position is soon to be vacated, please provide date of termination: _____