



Personnel Action Form (PAF)			
Employee Name:		Effective Date:	
Manager:			
Section 1: Please complete for all employee changes except for Termination			
Change Type	Old	New	
<input type="checkbox"/> Business Area			
<input type="checkbox"/> Department CC #*			
<input type="checkbox"/> Division			
<input type="checkbox"/> Manager			
<input type="checkbox"/> Title			
<input type="checkbox"/> SAP Access**			
<input type="checkbox"/> Other:			
Section 2: Please ONLY complete this section for a Termination			
<input type="checkbox"/> Termination:			
Job Title:		Work Location:	
Key Fob:		Laptop:	
Other Equipment (Add Specifics in Notes Section Below):		Email Forwarding:	
H Drive Access:		Phone Forwarding:	
Move Direct Reports To (List All):			
How Long to Keep Email Inbox Live/Open Past 90 Days:			
Section 3: REQUIRED for all employee changes			
Manager Signature:		Date:	
Conferred Authority Signature:		Date:	
Human Resources Signature:		Date:	

\*Finance approval needed for dept. change: contact Joe Kooping [jkoopig@iewc.com](mailto:jkoopig@iewc.com)

- No Finance approval needed if dept. change is CC 1009 or CC 1020 to CC 1025

\*\*If only SAP access change request: forward signed PAF to [helpdesk@iewc.com](mailto:helpdesk@iewc.com)