



Town of Canton School Department Personnel Action Form (PAF)—Change Status

Updated 7/2015

Name: _____ Current Location: _____

Make a copy for your records. Send your PAF Change Status to Central Office **Attention Kim Eardley.**

Effective Date of Change: Month: _____ Day: _____ Year: _____

Last Name Change <i>Attach DESE Confirmation Form and Copy of New Social Security Card</i>		New Last Name _____	
New Address (#, Street)			
New Address (City, State, Zip)			
New Home Telephone Number		() -	
New Email Address <i>For Emergency and Direct Deposit</i>			
Location/Transfer _____	<i>Current Location</i>		<i>New Location</i>
Job Title _____	<i>Current Job Title</i>		<i>New Job Title</i>
Other: (i.e.: Maternity, Special Circumstances, Stipends)			
Full Time Equivalent (FTE) <i>(.2 .4 .5 .6 .8 1.0)</i>	<i>Current FTE</i>		<i>New FTE</i>
Highly Qualified	<input checked="" type="checkbox"/> Attach Highly Qualified Status Certificate		
Rate of Pay Current: Annually \$ _____ Hourly \$ _____	Change: Annually \$ _____ Hourly \$ _____		
Pay Schedule: Current <input type="checkbox"/> 21 Pay or <input type="checkbox"/> 26 Pay	Change <input type="checkbox"/> 21 Pay <input type="checkbox"/> 26 Pay <input type="checkbox"/> Time Sheet		
End of Employment Code:			
01-Personal , 02-Layoff, 03-Contract Not Continued, 04-District Discharge, 05-Death, 06-Retirement, 07-Reason Unknown/Other 08-Other Employment in Pre K-12 Education, 09-Other Employment in Education, 10-Other Employment outside Education			

Benefits Changes	
Federal	<input checked="" type="checkbox"/> Attach new W-4
State W/H	<input checked="" type="checkbox"/> Attach new W-4
Retirement--Current: <input type="checkbox"/> Teachers <input type="checkbox"/> Norfolk <input type="checkbox"/> OBRA	Change: <input type="checkbox"/> Teachers <input type="checkbox"/> Norfolk <input type="checkbox"/> OBRA
Health Insurance--Current: <input type="checkbox"/> Family <input type="checkbox"/> Single	Change: <input type="checkbox"/> Family <input type="checkbox"/> Single
Dental Insurance Current: <input type="checkbox"/> Basic Family <input type="checkbox"/> Basic Single <input type="checkbox"/> Enhanced Family <input type="checkbox"/> Enhanced Single	Change: <input type="checkbox"/> Basic Family <input type="checkbox"/> Basic Single <input type="checkbox"/> Enhanced Family <input type="checkbox"/> Enhanced Single
403B/457 Current Amount \$ _____	Change Amount \$ _____

Employee Signature: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____