



**MONTGOMERY
COLLEGE**

Student Personnel Action Form (PAF)

EMPLOYEE INFORMATION

First Name: _____	Last Name: _____	M#: _____
Date: _____	PAF created by: _____	

PEAEMPL Info: Empl Cls _____ Home Org: _____
 ST

NBAJOBS Info:

Position # _____	Suff: _____	Pay cycle: _____	B2
Job Title: STIPEND	Job Begin Date: _____	Job End Date: _____	
Stipend Amount: _____		Pays	_____

Reason for Stipend:

Location:

ACCOUNT INFORMATION

Account # (FOAP): _____
Supervisor Pos.#: _____

PAF Approved by (signature)

Date: