



Boone County Fire Protection District

Personnel Action Form (P.A.F.)



TO: Command Staff
 Other _____

The indicated action has been taken concerning this member of the Boone County Fire Protection District:

Name: _____ **Personnel ID#:**

- | | |
|--|---|
| <input type="checkbox"/> 1. Change of Address and/or Telephone Number
New Address: _____

New Telephone Number: _____
New Cell or Pager: _____ | <input type="checkbox"/> 7. Suspended for ____ Months |
| <input type="checkbox"/> 2. Dismissed from the District or Missouri Task Force 1 | <input type="checkbox"/> 8. Transfer
From Station #: _____
To Station #: _____ |
| <input type="checkbox"/> 3. Personal Leave of Absence
Beginning: _____
Ending: _____ | <input type="checkbox"/> 9. New Badge #: _____
Old Badge #: _____ |
| <input type="checkbox"/> 4. Medical Leave of Absence
Beginning: _____
Ending: _____ | <input type="checkbox"/> 10. Other

_____ |
| <input type="checkbox"/> 5. Resigned from District | |
| <input type="checkbox"/> 6. Resigned from MO-TF1 | |

Additional Comments: _____

FOR OFFICE USE ONLY

Station Commander

Fire Chief

Received Date

Effective Date

Administrative Bureau

Entered Into Database