



Personnel Action Request (PAR) Form

Type of Action	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Transfer In	<input type="checkbox"/> Promotion <input type="checkbox"/> Vol. Demotion <input type="checkbox"/> Invol. Demotion	<input type="checkbox"/> Position Transfer <input type="checkbox"/> Salary Change <input type="checkbox"/> Salary Supplement	<input type="checkbox"/> Leave of Absence <input type="checkbox"/> Return From Leave <input type="checkbox"/> Dock Pay only	<input type="checkbox"/> Suspension <input type="checkbox"/> Termination <input type="checkbox"/> Position Reallocation												
Employee Information <small>(new employee or current)</small>	Effective Date:				Employee ID :												
	Name: First				Middle:												
					Last:												
	Program:																
	Position Title:				Position Number:												
	Job Code:				Pay Grade:												
	Reports To:																
	Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hourly			FLSA Status:												
Classified ID:	<input type="checkbox"/> Classified <input type="checkbox"/> Unclassified			Drug Testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Work Schedule:	<small>(Ex. Monday to Friday 8 am to 4:30 pm/30 min lunch)</small>																
New Position Information	Program:																
	Position Title:				Position Number:												
	Job Code:				Pay Grade:												
	Reports To:				New Salary:												
					Change %:												
	Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hourly			FLSA Status:												
	Classified ID:	<input type="checkbox"/> Classified <input type="checkbox"/> Unclassified			Drug Testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No											
	Work Schedule:	<small>(Ex. Monday to Friday 8 am to 4:30 pm/30 min lunch)</small>															
Leave	<input type="checkbox"/> Authorized <input type="checkbox"/> Unauthorized		Leave Start:			Return Date:											
	<input type="checkbox"/> Regular LWOP <input type="checkbox"/> FML w/Pay <input type="checkbox"/> Contingent <input type="checkbox"/> Military Leave w/Pay <input type="checkbox"/> Suspension w/Pay																
	<input type="checkbox"/> Short Term LWOP <input type="checkbox"/> FML w/o Pay <input type="checkbox"/> LWOP <input type="checkbox"/> Military Leave w/o Pay <input type="checkbox"/> Suspension w/o Pay																
	Month:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Separation	<input type="checkbox"/> Resignation <input type="checkbox"/> Dismissal <input type="checkbox"/> End Temporary Assignment <input type="checkbox"/> Failure to Return from Leave																
	<input type="checkbox"/> Retirement <input type="checkbox"/> Change Emp Record <input type="checkbox"/> No Position upon return <input type="checkbox"/> Transfer out to a different agency																
	<input type="checkbox"/> Death <input type="checkbox"/> Reduction in Force <input type="checkbox"/> Unsatisfactory Performance																
	<input type="checkbox"/> Rehire Eligible <input type="checkbox"/> *No Rehire Recommendation *Attach supporting Documentation																
Comments																	
Approval	Submitted By:				Date:				Manager:				Date:				
	Program Director:				Date:				Budget:				Date:				
	Human Resources:				Date:				Exec. Director				Date:				
	Entered By:								Date:								
	Transaction Notes:																