

Personnel Action Request (PAR)

Section I: Employee Information

Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	First Name:	Middle Name:	Last Name:	Suffix:	EMPLID: State ID:
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Section II: Action/Reason

Employment: <input type="checkbox"/> Admin/Prof Faculty – FT <input type="checkbox"/> Admin/Prof Faculty – PT <input type="checkbox"/> Classified – FT <input type="checkbox"/> Classified – PT <input type="checkbox"/> Teaching Faculty – 12 month <input type="checkbox"/> Teaching Faculty – 9 month <input type="checkbox"/> WD Adjunct <input type="checkbox"/> Wage Hire – P-14 <input type="checkbox"/> Student Hire/College Work Study <input type="checkbox"/> Federal Work Study	Position/Employee Actions: <input type="checkbox"/> New Hire <input type="checkbox"/> Budget Code Change* <input type="checkbox"/> Position Extension <input type="checkbox"/> Pay Change* <input type="checkbox"/> Supervisor Change* <input type="checkbox"/> Rehire <input type="checkbox"/> Position Number Change <input type="checkbox"/> Additional Assignment <input type="checkbox"/> Status Change: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Employee Pay Actions: <input type="checkbox"/> Competitive Salary Offer <input type="checkbox"/> Demotion – Involuntary <input type="checkbox"/> Demotion – Voluntary <input type="checkbox"/> Promotion* <input type="checkbox"/> Role Change*: <input type="checkbox"/> Downward <input type="checkbox"/> Lateral <input type="checkbox"/> Upward <input type="checkbox"/> Acting/Temporary Pay <input type="checkbox"/> Transfer – Competitive* <input type="checkbox"/> Transfer – Non-Competitive <input type="checkbox"/> In-Band Adjustment: <input type="checkbox"/> Base Pay Adjustment <input type="checkbox"/> New KSAs, and/or competencies from educ., certification, etc. <input type="checkbox"/> Retention
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Notes: (*Requires additional information listed in the note field and may require written justification and/or attachments);

Section III: Position Information

Distribution %:	Account Code:	Department ID:	Fund/Campus Code:
Position Number:	Working Title:	Is this a new position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Department Name:
Restricted Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervises/approves timesheets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Campus, Building, and Room Number of Work Site:	
Exp. Date:	Replacement For:	End Date for Prior Incumbent:	Prior Incumbent's Salary:
Requested Salary or Wage Rate/Hour:		Requested Start Date:	
Supervisor's Name:		Supervisor's Position Number:	Supervisor's EMPLID:

Section IV: Hiring Manager Information

Name:		Title:	
Phone:	E-mail:	Division:	Campus:

Section V: Approval Signatures

New position creation and salary changes are subject to the budget and Administrative Council member approval. The signatures(s) below indicate that the requested action is approved and that funds are available in current and future fiscal years.	
Hiring Manager:	Date:
Dean/Director:	Date:
VP/Provost:	Date:
Human Resources Director:	Date:

Section VI: Human Resources Only – Recruitment Information	
Was this position advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Posted Hiring Range:
Previous State/VRS Experience: (Full Time only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Prior Service: ____/____/____
Prior Agency (s):	
Current/Previous Salary:	Effective Start Date:
Recruiter Signature:	Date:

Section VII: Human Resources Only		
Role Title:	Role Code:	Pay Band:
FLSA Status:	Recommended Salary:	
External Market Data:	Internal Equity:	
Current/Previous Salary:	Effective Start Date:	
Reasons for Recommendation:		
Salary Prepared By:	Date:	

Recruitment Checklist:

<p>Classified:</p> <input type="checkbox"/> 105-94 PAR <input type="checkbox"/> 105-23 Interview and Selection Report <input type="checkbox"/> 105-23A Candidate Evaluation Form <input type="checkbox"/> Interview Questions and Responses <input type="checkbox"/> 105-98 Notification and Release <input type="checkbox"/> Online Resume <input type="checkbox"/> Online Resume of Everyone Interviewed <input type="checkbox"/> 2 Telephone References <input type="checkbox"/> Salary Verification	<p>Faculty:</p> <input type="checkbox"/> 105-94 PAR <input type="checkbox"/> 105-23 Interview and Selection Report <input type="checkbox"/> 105-23A Candidate Evaluation Form <input type="checkbox"/> Interview Questions and Responses <input type="checkbox"/> 105-98 Notification and Release <input type="checkbox"/> Online Resume <input type="checkbox"/> Online Resume of Everyone Interviewed <input type="checkbox"/> 3 References <input type="checkbox"/> Official Transcripts <input type="checkbox"/> 105-047	<p>P-14:</p> <input type="checkbox"/> 105-94 PAR <input type="checkbox"/> 105-23 Interview and Selection Report (if advertised) <input type="checkbox"/> 105-23A Candidate Evaluation Form (if advertised) <input type="checkbox"/> Interview Questions & Responses (if advertised) <input type="checkbox"/> 105-098 Notification & Release <input type="checkbox"/> Online Resume (if advertised) <input type="checkbox"/> State Application (if NOT advertised) <input type="checkbox"/> Online Resume of Everyone Interviewed <input type="checkbox"/> 2 Telephone References <input type="checkbox"/> Salary Verification	<p>Student Hire/Work Study:</p> <input type="checkbox"/> 105-094 PAR <input type="checkbox"/> 125-175 Work Study Approval <input type="checkbox"/> 105-098 Notification & Release <input type="checkbox"/> State Application <input type="checkbox"/> I-9 – Supervisor must complete Section 2. Refer to detailed instructions on I-9 Form. <input type="checkbox"/> State & Federal Income Tax Forms <input type="checkbox"/> 105-27 Direct Deposit Form <input type="checkbox"/> 105-117 Child Support Enforcement Form <input type="checkbox"/> 105-077 Personnel Information Form <input type="checkbox"/> Confidentiality Statement <input type="checkbox"/> 105-146 Confidentiality of Student Records <input type="checkbox"/> 105-11 Information Technology Employee Ethics Agreement <input type="checkbox"/> 105-078 Acceptable Use Agreement <input type="checkbox"/> Electronic Communication & Social Media Acknowledgement <input type="checkbox"/> Summary of the Commonwealth Policy on Alcohol & Other Drugs <input type="checkbox"/> 105-47 Workplace Harassment Policy
<p>Employee Services:</p> <p>Date Received: _____</p> <p>Date Keyed: _____</p> <p><input type="checkbox"/> People Soft <input type="checkbox"/> PMIS</p> <p>Keyed by: _____</p>		<p>P-14 Packet Will Include:</p> <input type="checkbox"/> I-9 – Supervisor must complete Section 2. <input type="checkbox"/> State & Federal Income Tax Forms <input type="checkbox"/> 105-117 Child Support Enforcement Form <input type="checkbox"/> 105-27 Direct Deposit Form <input type="checkbox"/> 105-077 Personnel Information Form <input type="checkbox"/> Confidentiality Statement <input type="checkbox"/> 105-146 Confidentiality of Student Records <input type="checkbox"/> 105-11 Information Technology Employee Ethics Agreement <input type="checkbox"/> 105-078 Acceptable Use Agreement <input type="checkbox"/> Electronic Communication & Social Media Acknowledgement <input type="checkbox"/> Summary of the Commonwealth Policy on Alcohol & Other Drugs <input type="checkbox"/> 105-47 Workplace Harassment Policy	